## L19000142492

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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FILED 19 JUL-5 49 7:0

JUL 1 7 2019 S. YOUNG

## **COVER LETTER**

то:	Registration Sec Division of Corp			
cun ic	3451 VICTO	OR LLC		
SUBJE	u:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Jack Avid		
		3451 VICTOR LLC	Name of Person	<del></del>
		920 Collins Ave.	Firm/Company	<del></del>
			Address	<del></del>
		Miami Beach, FL 33139	City/State and Zip Code	<u> </u>
		mariano@sobe-hostel.com		Y
For furt	her information co	i:-mail address: (i oncerning this matter, please ca	to be used for future annual report notifull:	ication)
Mariano			786 4319931 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3451 VICTOR LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 05/29/2019	and assigned
Florida document number L19000142452		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	<u>.</u>
		,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the name of the
egistered agent and/or the new registered office address ner	<u>v</u> .	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street addres	S
	Flo	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OVED, STEVEN		Add
			□ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	■ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

	All We are changing for this ELC is Steven Oved from an Authorized Member to a Manager.
	<u> </u>
	07/07/2010
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	July 2nd
	Shenature of a member or authorized representative of a member
	Jack Avid

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Typed or printed name of signee

Filing Fee: \$25.00