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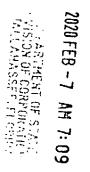
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MAR 0 4 2020

S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	BILL VICTO	OR LLC	•			
SODSE	Name of Limited Liability Company					
		Amendment and fee(s) are sub	•			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		WILLIAM VICTOR				
			Name of Person			
		BILL VICTOR LLC				
			Firm/Company			
3010 MEANDERING WAY APT 102						
						
		FORT MYERS FLORIDA 33905				
		· · · · · · · · · · · · · · · · · · ·				
		ication)				
For furth	ner information co	oncerning this matter, please ca	all:			
WILLIA	M VICTOR		330 256-8942			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a check for the	e 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	s:	Street Address			

TO:

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BILL VICTOR LLC

any as it now appears on our record Liability Company)	<u>(s.</u>)
y were filed on JANUARY 8, 20	20 and assigned
bility company here:	
oility Company," the designation "LLC	" or the abbreviation "L.L.C."
	20
	ZO FEB -7
	7: 09 STATE: REALITION
address on our records, enter	the name of the new registere
M. Harrison	
Enter blaride street addrag	
Enter Florida street addre:	orida
	bility company here:

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William Victor	3010 Meandering Way APT 102 Fort Myers F	—
			□Remove
			🗆 Change
			□ Add
			□Remove
			🗀 Change
	77788		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			🗆 Remove

- 111-	
Note: If t	date, if other than the date of filing:
document	's effective date on the Department of State's records.
d is filed.	
Dated	FBRUGRY 4. 2020. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00