

120000234799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 17 2020

TO: Registration Section
Division of Corporations

SUBJECT: _____

Victor I, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max A. Adams

Name of Person

The medilawfirm

Firm/Company

2151 S. Lejeune RD #306

Address

Coral Gables, FL 33134

City/State and Zip Code

Evelyna@Themeditlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Adams

Name of Person

at (305)

Area Code

444-3484

Daytime Telephone Number

Enclosed is a check for the 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

Street Address:

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

TO
ARTICLES OF ORGANIZATION
OF

Victor 1, LLC.

2023 NOV 13 PM 1:49

(Name of the Limited Liability Company as it now appears on our records) OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/4/2020 and assigned
Florida document number L20000234799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

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2023 NOV 13 PM 1:49

Title	Name	Address	Type of
MBR	Gabriella Lopez de mendoza	4025 Poinciana Ave	<input type="checkbox"/> Add
		Miami, FL, 33133	<input checked="" type="checkbox"/> Remc
			<input type="checkbox"/> Chan
MBR	Victor Lopez de mendoza	4025 Poinciana Ave	<input type="checkbox"/> Add
		Miami, FL, 33133	<input checked="" type="checkbox"/> Remc
			<input type="checkbox"/> Chan
MBR	Alexander Lopez de mendoza	4025 Poinciana Ave	<input type="checkbox"/> Add
		Miami, FL, 33133	<input checked="" type="checkbox"/> Remc
			<input type="checkbox"/> Chan
MBR	Victoria Lopez de mendoza	4025 Poinciana Ave	<input type="checkbox"/> Add
		Miami, FL, 33133	<input checked="" type="checkbox"/> Remc
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chan

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove all members

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2023 NOV 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Dated

November 11, 2020

Signature of a member or authorized representative of a member

Victor Lopez de Mendoza

Typed or printed name of signee