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12/28/20  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Victory Construction Management, 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:

Joseph Psyk

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9924 Treasure Cay Ln

\_\_\_\_\_  
Address

Bonita Springs, FL 34135

\_\_\_\_\_  
City/State and Zip Code

joepsyk86@gmail.com

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

For further information concerning this matter, please call:

Thaddeus Teahan

314

3698365

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VICTORY CONSTRUCTION MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2020 and assigned  
Florida document number L20000340009.

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 "L.L.C."

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 registered 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Joseph N. Psyk	9924 Treasure Cay Ln	<input type="checkbox"/> Add
		Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Tad Teahan	1371 Michigan Ave	<input type="checkbox"/> Add
		Naples, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Prince Media, Inc	9924 Treasure Cay Ln	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Core Design & Build	304 Kendall Ridge Ct	<input checked="" type="checkbox"/> Add
		Chesterfield, MO 63017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blue Ocean Media, LLC	9924 Treasure Cay Ln	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 605.0207 ( **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.

Dated \_\_\_\_\_, \_\_\_\_\_

Joseph N. Payk  
Signature

Signature of a member or authorized representative of a member

Joseph N. Psvk

Typed or printed name of signee

**Filing Fee: \$25.00**