

L200000358673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

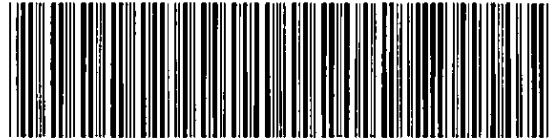
(Business Entity Name)

(Document Number)

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2023 AUG 28 PM 3:57
TALLAHASSEE, FL

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2023

ADRIAN GONZALEZ OLIVARES
AF SERVICE SPECIALIST LLC
4381 TREVI CT, APT 301
LAKE WORTH, FL 33467

SUBJECT: AF SERVICE SPECIALIST LLC
Ref. Number: L20000358673

We have received your document for AF SERVICE SPECIALIST LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

ANDREA I PARISHANI
Supervisor

Letter Number: 123A00021410

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AF Service Specialist 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:

Adrian Gonzalez Olivares
Name of Person

AF Service Specialist LLC
Firm/Company

4381 Trevi Ct, Apt 301
Address

Lake Worth, FL 33467
City/State and Zip Code

victoriousservices1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Gonzalez Olivares
Name of Person

at (561)
Area Code

379-5120
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

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TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AF Service Specialist LLC

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

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SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 and assigned
Florida document number L 20000338673.

This amendment is submitted to amend the following:

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

Victorious Services LLC

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**)

4381 Trevi Ct, Apt 301
Lake Worth, FL 33467

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

City

Florida

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

1. Attaching 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

Title

Name

Address

Type of Action

AMBR

Fiorella A. Mendiola

4381 Trevi Ct. Apt 301

☒ Add

Lake Worth, FL 33467

☐ Remove

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MIAMI, FL

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STATIONARY PLATE
ITALIANASSE.CFL

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STANTON COUNTY CLERK
STANTON, MISSOURI

(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 (3)(b)

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 the record is filed.

Dated August 22 . 2023

Adrian Gonzalez Olivares

Typed or printed name of signee