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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	.
(Do	cument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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		15/21/21 TM





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21 APR -1 PH 2: 45

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: VICTO	logistics L	LC	
	Name of Limit	ed Liability Company	
The enclosed Articles of Amo	andment and fee(s) are subm	nitted for filing	
Please return all corresponder	nce concerning this matter to	o the following:	
	Marcus	O Moseley Name of Person	
		Firm/Company	
	1901 hur	ON (n K	
	Kiss r	nmcc FL 3475 City/State and Zip Code	9
-	Marcm E-mail address: (t	OSEI 66 Cynail Cor o be used for future annual report notifi	Y (cation)
For further information conc	erning this matter, please ca	ill:	
Marcus O. V	Moseley	at (<u>\$04</u>) <u>\$73 - 6</u> Area Code Daytime	9601 Telephone Number
Enclosed is a check for the fo	ollowing 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 Sec	tion	Street Address: Registration Sec	etion
Division of Corp		Division of Con	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION VISION OF COMPANY OF

21 AFR - 1 PH 2: 45

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

(A Florida Limited Liability Company)

(Name of the Limited Liability Compa	ny as it now appears on ou	r records.)
(Name of the Limited Liability Compa- (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\000\2\258</u> .	were filed on Marc	$\sqrt{5.2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "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 agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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 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 21 APR - 1 PH 2: 1	5 Type of Action
AMBIL	Marcus O. Moseley		/
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			🗆 Add
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Filing Fee: \$25.00