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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VICTO LOgistics	(1.6)
Nan	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s	are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Marcu	Name of Person
	O Logistics Firm/Company
1010	Address LN
<u> Kissim</u>	City/State and Zip Code
E-mail:	ICH CMOSELLO G. GMAIL. (OM) Iddress: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Marcus Moseley Name of Person	at (803) 804 - 2913 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of \$	
Mailing Address:	Street Address:
Registration Section	Registration Section

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

(Name of the Limited Liability Co	empany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 42000 258 .	pany were filed on March 15, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Sushi Bull LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 Desmoines LN
(Principal office address MUST BE A STREET ADDRESS	s Kissimmee FL 34759
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	[010 Desmoines LN Lissimmee FL 34759] Fice address on our records, enter the name of the new registered
Name of New Registered Agent:	202
New Registered Office Address: 010	Des Moines LN 3
Kiss	Simmel Florida 34759 City Zip Code 5
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice 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 = M	anager		
AMBR = A	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	October 23. 2021. Mus Mues
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00