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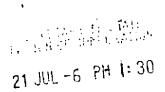
COVER LETTER

Registration Section

TO:

rporations		ı
A SPA LLC		ï
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
KAMMY LUU		1
···	Name of Person	
VICTORIA SPA ŁŁC		
·	Firm/Company	
4501 BEAGLE ST		
	Address	
ORLANDO FL 32818		
-	City/State and Zip Code	
		
		neamon
	407 242-5210	
of Person	Area Code Daytim	e Telephone Number
he following amount:		
☐ \$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 tadditional copy is enclosed
<u>ss:</u>	Street Address:	
27	The Centre of T	•
FL 32314		e Street, Suite 810
	A SPA LLC Name of Lim Amendment and fee(s) are sub ordence concerning this matter KAMMY LUU VICTORIA SPA LLC 4501 BEAGLE ST ORLANDO FL 32818 E-mail address: 6 concerning this matter, please of concerning this matter, please of concerning this matter. L \$30.00 Filing Fee & Certificate of Status Section Corporations 27	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: KAMMY LUU

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VICTORIA SPAILLC

(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	y were filed on <u>03/28/2021</u>	and assigned
Florida document number L21000145199		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	14001 W COLONIAL DR STE 14163	
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN FL 34787	*
Enter new mailing address, if applicable:	BEAGLE ST	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32818	1
		,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
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 Agen	11

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 Title | Name Type of Action 513 KESTREL DR **AMBR** TRANG FIGUEROA ≣Add **GROVELAND FL 34736** _____ 🗆 Remove _____ □Remove ____ □Add

_ □Remove

	ion, enter change(s) here: (Attach additional sheets, if necessary)
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ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ecord specifies a delayed effective of	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
IIINE IATH	2021
is filed. ated JUNE 16TH	. 2021

Filing Fee: \$25.00