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2022 JAN -3 PH 5: 02

Division of Corporations Victory Drop Shipping LLC SUBJECT: 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: Fernanda Maciel Name of Person Firm/Company 3296 N. Federal Highway, PO Box 39463 Address Fort Lauderdale, FL 33339 City/State and Zip Code f.maciel@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 673-0613 Fernanda Maciel Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, S25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

IU:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO 2022 JAN -3 PM 5: 02 ARTICLES OF ORGANIZATION OF

Victory Drop Shipping LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears of Jability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liah</u> NICTORY DEPOTALC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
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: Name of New Registered Agent:	address on our rec	ords, <u>enter the name</u>	of the new registere
New Registered Office Address:	Enter Floride	a street address	
		, Florida	
	('ny		Zip Code
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	ry duties, and Lam fo napter 605, F.S. Or,	amitiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed for	rom our records:		
MGR = Ma AMBR = Au	nager thorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	□ Remove
			□Change
			□Add
			GRemove
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		Fernanda C. Maciel	

Filing Fee: \$25.00