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02/03/23--01025--009 **25.09

COVER LETTER

TO:

TO: Registration Se Division of Cor			
NEUR LE COR	isiness LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	Filing MichaelD		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	- }
	336 E College Ave, Ste 30	ıl.	•
		Address	
	Tallahassee, Fl. 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.cc	m to be used for future annual report noti	(Spation)
For further information c	oncerning this matter, please c		manon)
Filing MichaelD c/o Zen	Business Inc.	844 493-6249	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ction
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee 1	FI 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 were filed on 2021-09-08 and assigned Florida document number L21000398901 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Victoris Store LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 1867 Enter new mailing address, if applicable: Lehigh Acres, FL 33970 (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

New Registered Agent's Signature, if changing Registered Agent:

Victoris Business LLC

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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		.	□Remove
			Change
			□Add
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ffective date, if other than the date must be state. If the date inserted in this block ocument's effective date on the Dep	k does not meet the appl artment of State's record	icable statutory filing s.	requirements, this d	ate will not be listed as
record specifies a delayed effective of is filed.	ate, but not an effective	time, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after the
	2023			
January 25	 - 	 -		
January 25 /s/ Habinson V			f a member	<u>.</u>