Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I2019000007 : (786)845-8854 Phone

Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GUY L VICTORY BOXING LLC

Certificate of Status	0
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COVER LETTER

Div	ision of Corp	orations		•	
SUBJECT:	GUY L VIC	TORIA BOXING LLC			
SUBJECT		Name of Lim	ited Liability Company		,
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		JESSICA TORRES			
		Name of Person TAX CARE CELEBRATION Firm/Company 1400 NW 107TH AVE STE 203 Address SWEETWATER FL 33172 City/State and Zip Code jessica.torres@taxcareinc.com E-mail address: (to be used for future annual report notification)			
			Firm/Company		_
	Firm/Company 1400 NW 107TH AVE STE 203 Address				
			Address		_
		SWEETWATER FL 3317	2		
		•	City/State and Zip Code		_
		=			-
		E-mail address: (to be used for future annual rep	ort notification)	
For further in	nformation co	ncerning this matter, please c	all:		
Jessica Torr	es		786 845-8	854	
	Name of	Person		Daytime Telephone Numb	HEF
Enclosed is a	a check for the	following amount:			
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certific	Filing Fee, cate of Status & cd Copy hal copy is enclosed)
Ma	iling Address		Street Addr	ress:	

Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

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

FILED

GUY L VICTORIA BOXING LLC

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

2022 NOV -8 AM 11: 52

The Articles of Organization for this Limited Liability Compa	ny were filed on 11/07/2022	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "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 offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S.
		orida
	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 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
MGRM	GUY LAIETA	2801 NE 183 ST UNIT 1111	🗀 Add
		MIAMI, FL 33160	□Remove
			≅Change
			□Add
			□Remove
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