

MIL 00000 0967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

202



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

OLUSTOSIN YOLOYE
921 NE 4TH AVE
FT LAUDERDALE, FL 33304

SUBJECT: VICTORIOUS REAL ESTATE SOLUTIONS, LLC
Ref. Number: M16000000902

We have received your document for VICTORIOUS REAL ESTATE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00006613

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VICTORIOUS REAL ESTATE SOLUTIONS LLC

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:

OLUTOSIN M YOLOYE

Name of Person

VICTORIOUS REAL ESTATE SOLUTIONS LLC

Firm/Company

921 NE 4TH AVE

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

VICTORIOUSRES@GMAIL.COM/JEHOVAHMISGAB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLUTOSIN M YOLOYE

954 722-1199
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
VICTORIOUS REAL ESTATE SOLUTIONS,LLC
State: _____

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

921 NE 4TH AVENUE

FORT LAUDERDALE, FLORIDA 33304

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

8227 NW 192 TERRACE

MIAMI LAKES, FLORIDA, 33015

M16000000902

2. The Florida document number of this limited liability company is: _____

REAL ESTATE IN FLORIDA AND NEVADA

3. Jurisdiction of its organization: _____

02/02/2016

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

NOT APPLICABLE

5. New name of the limited liability company: _____

(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, 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 Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
NOT APPLICABLE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:
TITLE MANAGER #3 YOLOYE,BJ. FIRST NAME DOCUMENTED INCORRECTLY. 4

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	YOLOYE,BJ	931 NE 4TH AVENUE, FORT LAUDERDALE FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAGER	YOLOYE,OLUTOSIN, MOBOLAJI	921 NE 4TH AVENUE, FORT LAUDERDALE FL-33304 YOLOYE OLUTOSIN MOBOLAJI	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 8 AM 11:28
FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

/s/ ABIODUN O FALODUN/

Signature of the authorized representative

ABIODUN O FALODUN

Typed or printed name of signee

Filing Fee: \$25.00