P18000076543

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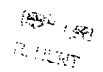
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CHARTARY OF STATE
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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Tim BENJAMIN A/C. INC. DOCUMENT NUMBER: P/8000076543					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Tim BENJAMIN A/C TIC Firm/ Company 6025 Twin LAKES DA Address OVIEDO FL 32765 City/ State and Zip Code +bacquy @ i cloud - com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tim Bus Amin at 407 375-1615 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CHAISICH OF LIGH CHAISICH OF CORPORATION

Articles of Amendment

to

Articles of Incorporation of

Tim BENO	AMIN A/	c In	C	
(Name of Corporation as currently		Dept. of State)		
P/80000765	543			
	Corporation (if known)		· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation	n adopts the follow	wing amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			_	
VICTORY CO	OLING AND	O HEATH	NGThe ne	(C.
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, or incorporate professional corporation	ed' or the abbrevi n name must con	iation "Corp., ntain the wor	·d
B. Enter new principal office address, if applicable:	6025	TWINLA	tkts 1	Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	6025 T	FL	3276.	5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2923 DCT	DIVISION OF
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the	name of the	10 PM 12: 40	15 M 21 M
new registered agent and/or the new registered office address:				*1±.
Name of New Registered Agent		<u></u>		•••
N/A (Florida stre	at addrawa			
(Florida sire.	er uauress)			
New Registered Office Address:	City)	, Florida	(ip Code)	
,	uyy	12.	up Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligat	tions of the positio	0 n .	
Signature of New Res	gistered Agent, if changin	ng		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (6)		~		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	1/A
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	,
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change			
Add			
Remove			202
2) Change			2023 OCT
Add			
Remove Change			0 P#12: 40
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional she</i>	eets, if necessary). (Be specific)	<u>re</u> :	
			
		,	
			
			2023 OCT
			CT
			0
			
			PH 12: 40
			0.4
_			
provisions for imple	ovides for an exchange, reclassification, or ementing the amendment if not contained	in the amendment itself:	
(if not applicable	e, indicate N/A)		
·-			
			

The date of each amendment(s) adoption: _	DECEMBER	11, 2023	, if other than the
date this document was signed.		•	
Effective date if applicable: DECE	(no more than 90 days after	2023	
	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		ry filing requirements, this o	date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of dire	ectors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			neni
"The number of votes cast for the am-	endment(s) was/were sufficient	for approval	27.
by		***	าร์เต ียว 123 (
(vo	oting group))CT %
Dated	/2023		THE CHECKER OF STARY OF STARY OF STARY OF COMPORE STARY OF COMPORE STARY OF
Signature	95		
(By a director fire selected by an in-	sident or other officer i'directorporator – if in the hands of a	tors or officers have not beer	and Committee
	y by that fiduciary)	receiver, trustee, or other con	ш (
Tino	Tity W. S	EN AMIN	υ
Ĥ	PRESIDENT	· · · · · · · · · · · · · · · · · · ·	
	(l'itle of person signing)		