

#L12000036519

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.
Account Number : 120120000033
Phone : (305)801-5394
Fax Number : (786)231-5720

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

Email Address: richard@gataxconsulting.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALENCIA ENTERPRISE, LLC

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EXAMINER
APR 15 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALENCIA ENTERPRISE 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:

RICHARD ARRIETA

Name of Person

G&A ACCOUNTING AND TAXES

Firm/Company

2385 NW 70th AVENUE STE A11

Address

MIAMI FLORIDA 33122

City/State and Zip Code

richard@gataxconsulting.com

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

For further information concerning this matter, please call:

CLARA ARRIETA

Name of Person

305 8015394

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 APR 12 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALENCIA ENTERPRISE LLC

(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 03/15/2012 and assigned
Florida document number L12000036519

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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: G&A ACCOUNTING AND TAXES SERVICES INC

New Registered Office Address: 10381 SW 226th ST

Enter Florida street address

CUTLER BAY, Florida 33190

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 608, 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

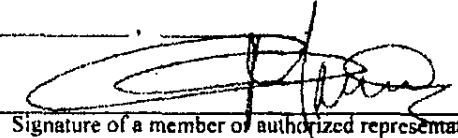
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARCIA CASTILLO OMAR Q	CALLE LOS PINOS RES GOLDEN PALACE II	<input type="checkbox"/> Add
		VILLA No4 MAÑONGO CARABOBO	<input checked="" type="checkbox"/> Remove
		VENEZUELA 2002	
HGRM	GARCIA, OMAR DSR	711 LYONS ROAD 14105	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL	<input type="checkbox"/> Remove
		33063	
MGR	GARCIA, OMAR DSR	711 LYONS ROAD 14105	<input type="checkbox"/> Add
		COCONUT CREEK, FL	<input checked="" type="checkbox"/> Remove
		33063	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

OMAR GARCIA

Typed or printed name of signee