

L12000119706

(Requestor's Name)

(Address)

(Address)

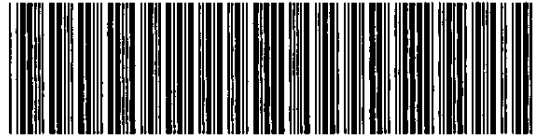
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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STATE OF FLORIDA
TALAMON SHEAR LLP

2013 JAN -4 PM 12:00

FILED

J. SAULSBERRY
EXAMINER

JAN 09 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALIOA 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:

CLEO COLLANGE

Name of Person

KPL MANAGEMENT LLC

Firm/Company

299 W CAMINO GARDENS BLVD #201

Address

BOCA RATON, FL 33423

City/State and Zip Code

CLEO@KPLDEVELOPMENT.COM

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

For further information concerning this matter, please call:

CLEO COLLANGE

Name of Person

at (**561**) **447-2541**

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN -4 PM 12:00

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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**

VALIOA 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 09/19/2012 and assigned
Florida document number L12000119706.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2013 JAN -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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 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

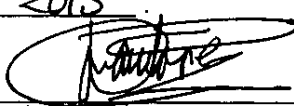
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERIC KORCHIA	160 W CAMINO REAL SUITE 285	<input type="checkbox"/> Add
		BOCA RATON, FL 33423	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JAN -4 PM 12:00
FILE
Remove

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

Dated January 2, 2013


Signature of a member or authorized representative of a member

LIONEL CHAMBOUX

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JAN -4 PM 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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