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· COVER LETTER

10:	Division of Cor			
SHRI	VALSURO	G LLC		
50 150		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ROBERTO VALIENTE J	R	
			Name of Person	
		VALSURG LLC		
			Firm/Company	
		1300 BRICKELL BAY D	R	
		·	Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		RVALIENTE33@GMAIL.		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information o	oncerning this matter, please co	all:	
ROBE	ERTO VALIENTE	JR	813 477-3330	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for the	he following amount:		
□ \$2	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

VALSURG LLC		
(Name of the Limit	d Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Li	ability Company were filed on 08/14/201	7 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of N \ A		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		T SEP-1
(Mailing address MAY BE A POST OFFICE)	<u> </u>	0
B. If amending the registered agent and/or the new registered of		ig. on
Name of New Registered Agent:	· Alu	
New Registered Office Address:		
1100 Hegiotyted Office Fiduless.	Enter Florida stre	et 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

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>	<u>Address</u>	Type of Action
MGR	Roberto Valiente Jr	1300 Brickell Bat Dr.	Add
		Miami, FL 33131	□ Remove
			Change
			
			□ Remove
			□ Change
			
			SP REPOVE TI
			Add ST READVE Change Add Add Control Change
			☐ Add ☐ G
			☐ Change
			
			Remove
		·····	Change
			Add
			□ Remove
			☐ Change

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ctive date, if other th	an the date of filin	ıg:		(optic	onal)
effective date is listed, the o	date must be specific an	d cannot be prior to	date of filing or mo	re than 90 days after	filing.) Pursuant to 605.026 date will not be listed a
ment's effective date or			ne statutory timig	requirements, this	date will not be fisted a
			an effective ti	ne, at 12:01 a	a.m. on the earlier
e 90th day after th					
d August	30	2017	_•		
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			zed representative of	f a member	
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Filing Fee: \$25.00