## L18000225452

(Reque	stor's Name)	
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(Addres	s)	<del>,</del> -
(City/St	ate/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	erty Holdings LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joshua Nicodemus		
		Name of Person	
	Valor Property Holdings L	1.C	
		Firm/Company	<del></del>
	135 Westview Ave		
		Address	
	Valparaiso FL 32580		
		City/State and Zip Code	<u> </u>
	Josh@ valorproperty group.c		38
For further information c	Fmail address: ( oncerning this matter, please c	to be used for future annual report not all:	ancation)
Joshua Nicodemus		850 496-3733	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.06 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 9 Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valor Property Holdings LLC		_
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records lability Company)	<u>··</u> )
The Articles of Organization for this Limited Liability Company	were filed on 9/21/2018	and assigned
florida document number 1.18000225452		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		023 HAR
Principal office address MUST BE A STREET ADDRESS)		B
Enter new mailing address, if applicable:		715 65
Mailing address MAY BE A POST OFFICE BOX)	-	િ 🤃 છો
<ol><li>If amending the registered agent and/or registered office a gent and/or the new registered office address here:</li></ol>	ddress on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
N D in d OPT Addison		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flo	orida
	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>	Name	Address	Type of Action
MGR	William Allen	9 Dogwood Dr Shatimar FL 32579	<b>=</b> Add
			□Remove
			Change
			□ Add
	<del></del>	Remove	
		Change	
		Remove	
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ffectiv an effe loter - l	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is tile	d.
	darch 6 2023
ated _	
	$\mathcal{K}$

Typed or printed name of signee