L18000234500

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

June 8, 2020

JOSHUA NICODEMUS 404 GREEN OAK LN NICEVILLE, FL 32578

SUBJECT: VALOR PROPERTY GROUP LLC

Ref. Number: L18000234500

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00011195

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER.

TO: Registration Se Division of Cor			
	ROPERTY GROUP LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSHUA NICODEMUS		
		Name of Person	
	VALOR PROPERTY GRO	OUP LLC	
	404 GREEN OAK LN		
		Address	
	NICEVILLE FL. 32578		
		Cuy/State and Zip Code	
	JOSH@VALORPROPERT		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	oncaron)
JOSHUA NICODEMUS	-	850-496-37	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	Section
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

VALOR PROPERTY GROUP LLC

. .

(Name of the Limited Liability Company as it now appears on our degords.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>10/3/2018</u>	and assigned
Florida document number <u>L18000234500</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" o	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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	rida 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 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>	Address	Type of Action
MGRM	WILLIAM ALLEN	9 DOGWOOD DR SHALIMAR FL 32579	≣Add
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			(□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
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(If an eft <u>Note:</u>	ective date is If the date i	other than the date inserted in this ive date on the	must be spe s block do	eific and ea es not me	innot be et the a	: prior to da pplicable	te of tiling c	r more tl	ian 90 days :	optional) after filing.) Pursuant (this date will not be	o 605.0207 (e listed as t
47.4		, , , , , , , , , , , , , , , , , , ,									
e recor rd is fi		i delayed effec	rtive date.	but not ar	i effect	ive time, i	nt 12:01 a.i	m, on th	e earlier o	r; (b) The 90th day	after the
Dated	MAY 7	· <u></u> -			2020						
vaicu				· /	1						
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Typed or printed name of signee