

L14000009902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

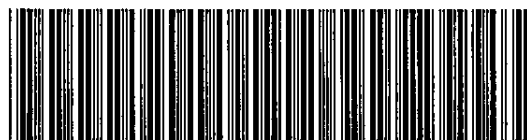
(Business Entity Name)

(Document Number)

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B. BOSTICK  
FEB - 7 2014  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Valence Investment 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:

Merylin Gonzalez  
Name of Person  
Noelldwide Corporate Administrators  
Firm/Company  
2330 Ponce de Leon Blvd Ste 201  
Address  
Coral Gables FL 33134  
City/State and Zip Code  
gonzalez@floridacpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Merylin Gonzalez at ( 305 ) 444 - 8800  
Name of Person 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

FILED  
2014 FEB -6 P 4:36  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Valece Investment 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 \_\_\_\_\_ and assigned Florida document number L14000009902.

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)

**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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

U6R	SAMIA MOURAD	12000 Biscayne Blvd. Miami FL 33181	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

MGR SAMIA MOURAD MARCOPDES 12000 Biscayne Blvd.  
Miami FL 33181 ☐ Add ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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☐ Remove  
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☐ Remove

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

Need to change NAME of one of the MANAGERS.  
Instead of SAMIA MOURAD MARCONDES  
please update to SAMIA MOURAD

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 31<sup>st</sup>, 2014.

Signature of a member or authorized representative of a member

Alan Ahmad Mourad

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA