116000024457

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Duringer Entity Name) |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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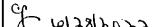
Office Use Only



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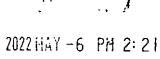
COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|--|
| VALLAT, | | | |
| SUBJECT: | Name of Lin | nited Unbility Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omated for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ALEXANDRE BALLERI | NI | |
| | | Name of Person | |
| | ALEXANDRE BALLERI | INLPA | |
| | | Firm Company | · · |
| | THE LINCOLN ROAD S | UITE 500 | |
| | | Address | |
| | MIAMI BEACH FL 3313 | ų. | |
| | | City/State and Zip Code | |
| | ALEX@ALEXBALLERIN | | ····· |
| For further information of | t-mail address: (concerning this matter, please c | to be used for future annual report no all: | ancanon) |
| ALEXANDRE BALLE | | 786 543 7478 | |
| Name (| of Person | Area Code Days) | 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 | | Street Address: Registration S | ection |
| Division of C | Corporations | Division of Co | orpenations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Mour | Tallahassee oo Street, Suite 810 |
| rananassee, | L L. J.4.) Pt | ### 1 % Tat taltaitti | oo careey wane nen |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Vallat, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| 7A Florida Limited I | liability Company) | | |
|---|--|--|-----------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000024457</u> . | were filed on <u>02/04/20</u> | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the word. "I maited Liabil | ny Company," the designata | on "LEC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | , <u>.</u> | 002, Miami, FL 33131. | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | 170 SE 14th St Suite 1 | 002, Mianu, F1, 33131. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our records | , enter the name of the new registere | <u>'d</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida stre | et address | |
| | | , Florida | |
| New Registered Agent's Signature, il changing Registered Agent: | City | Zip Code | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my du provided for in Chapte | tics, and I am familiar with and r 605, F.S. Or, if this document is | i? |

h

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 = N $AMBR = A$ | lanager authorized Member | | |
|--------------------|------------------------------|---|----------------|
| Title | Name | <u>Address</u> | Type of Action |
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| fective date, if other the effective date is listed, the | nan the date of fil date must be specific | ing: | date of tiling or mor | e than 90 days after | ional) r filing.) Pursuant to 605. |
| <u>ote:</u> If the date inserted is cument's effective date c | n this block does no | or meet the applicab | de statutory filing | requirements, th | is date will not be liste |
| ecord specifies a delayed is filed. | effective date, but i | not an effective tim | e, at 12:01 a.m. or | i the earlier of: (| b) The 90th day after |
| 04/21 ted | | 2022 | | | |
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| | Signature of | a member or authori | ed representative o | (a member | |
| Joffray Vallat, N | | | editepresentative o | f a member | |
| | | | ¥ | f a member | |

Filing Fee: \$25.00