

Nov 10 2020 7:36pm

Division of Corporations

p.1

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L0100000000283

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC.  
Account Number : 120010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VALIDIES LLC

|                       |         |
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H200003899613

VALIDIES 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 01/04/2001 and assigned  
Florida document number L01000000283

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 contain 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**

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>                   | <u>Type of Action</u>                      |
|--------------|------------------|----------------------------------|--|
| AMBR         | STEPHANIA CORREA | 1155 BRICKELL BAY DRIVE, APT 806 | <input checked="" type="checkbox"/> Add    |
|              |                  | MIAMI, FL 33131                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
| AMBR         | PRISCILLA GARCIA | 1155 BRICKELL BAY DR. APT 806    | <input checked="" type="checkbox"/> Add    |
|              |                  | MIAMI, FL 33131                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | DIANA DE CORREA  | 333 ARAGON AVE AT 408-E          | <input type="checkbox"/> Add               |
|              |                  | CORAL GABLES, FL 33134           | <input checked="" type="checkbox"/> Remove |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |

[illegible]

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Dated NOVEMBER 10 2020

Typed or printed name of signee

**Filing Fee: \$25.00**