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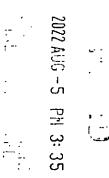
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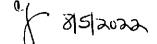


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## **COVER LETTER**

VERONICA VALDEZ ENTERTAINMENT, LLC SUBJECT: \_\_\_\_\_ 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: VERONICA VALDEZ Name of Person VALDEZ & DAWSON ENTERPRISES, LLC Firm/Company PO BOX 2566 Address ORLANDO, FL 32802 City/State and Zip Code VeronicaValdez407@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Veronica Valdez 448-0216 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG -5 PN 3: 36

VERONICA VAI	LDEZ ENTERTAINMENT	LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	·
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/30/2003	and assigned
Florida document numberL03000019932			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
VALDEZ & DAWSON ENTERPRISES, LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
		_	
Enter new mailing address, if applicable:		. <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del> -	-
B. If amending the registered agent and/or registered	office address on our re	cords, <u>enter the nar</u>	ne of the new registere
agent and/or the new registered office address here:			
Nigger (CNI) and the state of			
Name of New Registered Agent:	<u></u>		
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	<del></del>
	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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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fective	date, if other than the date of filing:
in effecti ote: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
cument	's effective date on the Department of State's records.
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	August 5 2022
	- Monday Man
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00