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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	VALDEZ & DA	AWSON ENTERPRISES, LLC		
SUBJECT:	Name of Lim	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:		
		VERONICA VALDEZ		
		Name of Person		
	VALDE	Z & DAWSON ENTERPRISES,	LLC	
		Firm/Company		
	390 N	ORANGE AVENUE, SUITE 230	00	
		Address		
	ORLANDO, FL 32802 City/State and Zip Code			
		ıldezAndDawson@gmail.com		
	E-mail address: (to be used for future annual report no	otification)	
For further information of	oncerning this matter, please c	all:		
Veronica	Valdez	407 943 - 4	124	
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne 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		Street Address:	ection	
Registration Section Division of Corporations		•	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 C. 128 F.1 2: 07 VALDEZ & DAWSON ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) MAY 30, 2003 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L03000019932 Florida document number 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

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

_, Florida ___

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
AMBR	ANTHONY S. DAWSON	PO BOX 2566	≘ Add
		ORLANDO, FL 32802	□Remove
			Change
			□Add
		□ Remove	
		□Add	
			Remove
		☐ Change	
		□ Remove	
		□Change	
		□Add	
		□Remove	
		Change	
		Remove	
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effectiv <u>Note:</u> If th	late, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	VERONICA VALDEZ

Typed or printed name of signee