LO 70000 44240

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VALPARAISO INVESTMENT GROUP, L.L.C. 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:
ENRIQUE O. BARTON Name of Person
MET 21 GROUP LLC Firm/Company
Firm/Company 1000 BRICKELL AVENUE Address Address
MIAMI / FL /33/31 City/State and Zip Code INFO@ MET21@OOP.COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
ENRIQUE O. BARTON at (305) 358 - 1440 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)
. MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALPARAISO INVESTMENT	Pany as it now appears on our	r records)
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	· records.
The Articles of Organization for this Limited Liability Compa	ny were filed on	6/2007 and assigned
Florida document number LO700044240		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201)
(Principal office address MUST BE A STREET ADDRESS)		
		<u>~~~~</u> N
		SEE.F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		P
B. If amending the registered agent and/or registered		ords, enter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Flor.	ida street address
	Lance I IVI	
	City	, Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action ☐ Add Remove Add Remove ☐ Add Remove Add. Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Correct Name of the First MGRM 15 LOST Name 15 ROJAS RIOS Dated MARCH 24

Page 2 of 2

ENRIQUE

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

BARTON