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COVER LETTER

TO: Registration Section Division of Corporation	ons					
SUBJECT: Val	TECH Flo	poring LLC				
	Name of Limit	ed Liability Company				
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.				
Please return all correspondence	concerning this matter to	o the following:				
	Toold V	'owe. 11				
	1044	Name of Person				
		Firm/Company				
						
	3020 N	Fulmer Cir				
		Address				
	Tallahass	ce F/ 323	03_			
	sheff 550	Ce F/ 323 City/State and Zip Code O 4 @ QO/. CO	η			
	E-mail address: (to	be used for future annual report notifica	tion)			
For further information concerns						
Isham H. Shet	Held Jr	at (850) 566 - Sold Daytime To 850 894 - 1	1031			
Todal Vousell	,	Area Code Daytime To	elephone Number			
		0//-	1317	·		
Enclosed is a check for the follo	wing amount:			: · 	. 7	
□ \$25.00 Filing Fee ☑\$	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status & . ppy	(T) 27	1
					3	
					10 42 10 42	
MAILING A Registration S Division of Co	ection orporations	STREET/COURIER Registration Section Division of Corporation		: •	?) 	
P.O. Box 6321	1	Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Val Tech	Liability Company astronow appears on our records.) Florida Limited Liability Company)		
(Name of the Limited I (A.)	.iability Company astignow appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number <u>LO 7000/19</u>	fity Company were filed on	and ass	igned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the VALTECH CONTA		breviation "L.	L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:		; :: 	
New Registered Office Address:	Enter Florida street address		, , , , , , , , , , , , , , , , ,
-	, Florida	· · · · · · · · · · · · · · · · · · ·	-:- -:
	City	Zin 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			_
			Add
			□ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change

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