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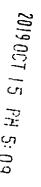


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OCT 3 1 2019 C. Kinsey



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Valerie D LLC.
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:
FRANK STROUT
•
Valerie D LLC
Firm/Company
11163 S.W. AGNES St.
ARCALIA, FL 34269 City/State and Zip Code
FSTROUT @ EMBARQMAIL. COM2 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK Strout at 941 716 - 0089 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number $94/-800-7/05$
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & \$255.00 Filin

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO
ARTICLES OF ORGANIZATION
OF

Valerie D	L-L-C	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>12/24/2008</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		90
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	: `	<u>γ</u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	PH 1.
(Mailing address MAY BE A POST OFFICE BOX)	-	5: 0
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		name of the
New Registered Office Address.	Enter Florida street address	
	, Florida	
		ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fami	liar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

$\cdot \mathbf{AMBR} = \mathbf{A}$	uthorized Member	<u>.</u>	
Title	Name	Address Commence St	Type of Action
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AMBR MGR	Strout, FRANK	11163 S.W. agues St Areader, Fl., 34269	(. <u>?_</u> □ Add
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If an effective of the reco	we date, if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00