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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 9 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section		
Division of Corpor	rations	
SUBJECT:	Name of Limited Liability Company	_
·	Name of Limited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Pessica Teugha.	
	Name of Person	
		SEC
	Firm/Company	
	Address  HOUGHOOD FZ. 33020.  City/State and Zip Code  Janica & Horid shower Trust. Com.	SSEE D
	Address	F. 6
	Houses 72. 33020.	ATE ORION
	City/State and Zip Code	•
-	E-mail address: (to be used for future annual report notification)	_
For further information cond	cerning this matter, please call:	
Vessice	Temphia. at 786 344 4106.  Area Code & Daytime Telephone Nur	
Name of Pe	erson // Area Code & Daytime Telephone Nur	nber
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee [	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALLE PROPERTIES U	C.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on $05/18/2009$ , and assigned		
This amendment is submitted to amend the following:	•		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	Ts 6		
(Principal office address MUST BE A STREET ADDRESS)	ST THE		
Enter you welling address if applicables	SEE, F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAT BE A POST OFFICE BOX)	DA T		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nevere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 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 .

Managing Member		
<u>Name</u>	Address	Type of Action
ALEJANDRA PLANAS	1900 VAN DUREN At. #30 HONTHOOD FI 33000.	Add Remove
		Add Remove
		Add Remove
nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
	<u> </u>	SE SE
		<b>%</b> 7
		-8 L -8 ≥ C
Sepkuber 7th, 20	20.	M 10: 5'
Signature of a member	r or authorized representative of a member	
Jessica)	VENSALLA	
	Sephuber 7th, Lands Signature of a member Testica	Name  Address  ACCTANING RANAS  PRO VAN BUREN At. #30  PRO VAN BUREN

Page 2 of 2

Filing Fee: \$25.00