

09/20/2012 11:48 FAX 5614 80567

DALIA ACCOUNTING SVC

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DALIA ACCOUNTING SERVICE
Account Number : I20040000149
Phone : (561) 478-1777
Fax Number : (561) 478-0567

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: Analeidy.Perez@daliataxes.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALSELE GROUP LLC

Certificate of Status	0
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G. MCLEOD

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Corporate Filing Menu

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SEP 21 2012

EXAMINER

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12 SEP 20 PM 12:44

12 SEP 20 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H120002313133)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VALSELE GROUP LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/26/2012 and assigned
Florida document number L09000062035.

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 end with 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)

FILED
12 SEP 20 PM 2:47
CLERK OF STATE
TALLAHASSEE FLORIDA

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:

AUGUSTO RAMIA

New Registered Office Address:

2800 SHAUGHNESSY DR

Enter Florida street address

WELLINGTON

Florida

33414

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	MAURIZIO RAMIA	2800 SHAUGHNESSY DR WELLINGTON FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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