## L09000075300

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## COVER LETTER

TO: Registration Sec Division of Corp	ction .' porations	·			
VALENLU	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	DANIEL CHTEINBERG				
		Name of Person			
	COUNTRY WALK ADM	IN LLC			
Firm/Company					
	19220 NE 19TH PL				
		Address			
	MIAMI FL 33179				
		City/State and Zip Code		16 NOV 21	SEC
	CHTEINBERGD@GMAIL	COM to be used for future annual report notifi	action	6	
For further information of	e-mail address: ( oncerning this matter, please ca	·	canon)	21	
				P <sub>X</sub>	
DANIEL CHTEINBERG		786 285-3616 at ()		မှ - 2	(S)
Name of	Person	Area Code Daytime	Telephone Number	95	i Sirii Sar
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &	
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n itions hter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALENLU LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L09000075300	y Company were filed on	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>3</b> 20
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2) PM 3: 20
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	STUPNIK MARTIN G		
		19531 PRESIDENT WAY MIA FL	■ Remove
			□ Change
MGR	COHEN MARIA F		
		19531 PRESIDENT WAY MIA FL	■ Remove
			□ Change
MGR	ALCI TRUST	19220 NE 19th PL MIA FL 33179	■ Add
			□ Remove
			Change A S .
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II alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an ef Note:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	ıf:
Dated	NOVEMBER 12th 2016	
	Wantyny	
	Signature of a member or authorized representative of a member	
	9AJIEL CHTEIJBERG Typed or printed name of signee	

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Filing Fee: \$25.00