

# L11000048708

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

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Phone : (305) 634-3694  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VALOPI, LLC**

Certificate of Status	0
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**T. CLINE**

SEP 20 2012

**EXAMINER**

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H12000230606

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

**VALOPI, 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 04/25/2011 and assigned  
Florida document number L11000048708

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 "LLC."

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**)

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:

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

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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>
MGRM	GUEVARA, SOFIA A.	2025 BRICKELL AVE APT 301 MIAMI, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	LIMA, BEATRIZ NOEMI	2025 BRICKELL AVE APT 301 MIAMI, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	VALENTI, MAURO N.	2025 BRICKELL AVE APT 301 MIAMI, FL 33129	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2012 SEP 19 PM 6:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated September 20<sup>th</sup> 2012:

[Signature]  
Signature of a member or authorized representative of a member  
Mauro Valeri Beatriz Noemi Lima Wanda G. Lopina  
Typed or printed name of signee

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