

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

: (305)633-9696 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALOPI, LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VALOPI, LLC				
(Nume of the	Limited Liability Company as it a (A Florida Limited Liability C	ow appears on our records.) Company)			
The Articles of Organization for this Lir	nited Liability Company were file	ed on <u>04/25/2011</u>	and assigned		
Florida document numberL110	00048708				
This amendment is submitted to amend	the following:		·		
A. If amending name, enter the new p	name of the limited liability com	ipany here:			
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if	applicable:		700 D		
(Principal office address MUST BE A S	STREET ADDRESS)		> M		
			and the second		
		•	25 10 L		
Enter new mailing address, if applical	ole:		2		
(Muiling address MAY BE A POST OF	FICE BOX)				
	,		変力 28.		
B. If amending the registered agen registered agent and/or the new regist	t and/or registered office add ered office address here:	ress on our records, <u>ente</u>	r the name of the new		
Name of New Registered Ager	ıt:				
New Registered Office Addres	s: <u></u>				
		Enter Florida street address			
		Florida	de de la		
	City		Zip Code		

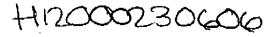
New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
MGRM	GUEVARA, SOFIA A.	2025 BRICKELL AVE APT 301 MIAMI, EL 33129	_☑ Add _☐ Remove
Member-	LIMA, BEATRIZ NOEMI	2026 BRICKELL AVE APT 301 MIAMI, FL 33129	Add ☑ Remove
<u>Member</u>	VALENTI, MAURO N.	2025 BRICKELL AVE APT 301 MIAMI, EL 33129	Add ☑ Remove
			Add Remove
			Add Remove
		,	Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	MELAHASSH 19
			
	C 1 20 20 20	اری ،	SRIED CO
Dated	Cuta	or authorized representative of a member	
	Dra-o Velili BEATRIZ		441

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