

L110000088635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

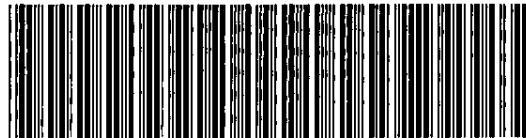
Special Instructions to Filing Officer:

L. SELLERS

DEC 29 2011

EXAMINER

Office Use Only



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12/28/11--01014--010 **25.00

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11 DEC 27 AM 1:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALR, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mackenzie Verdi

Name of Person

VALR, LLC

Firm/Company

19892 Dinner Key Dr.

Address

Boca Raton, FL., 33498

City/State and Zip Code

verdimac@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mackenzie Verdi

Name of Person

at (954)

600-0178

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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**

VALR, 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 8/2/2011 and assigned
Florida document number L11000088635.

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:

19892 Dinner Key Dr.

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL, 33498

Enter new mailing address, if applicable:

19892 Dinner Key Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL, 33498

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:

Mackenzie Verdi

New Registered Office Address:

19892 Dinner Key Dr.

Enter Florida street address

Boca Raton

, Florida

City

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11 DEC 27 AM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33498
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

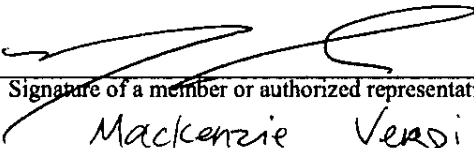
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carl Myers	804 E. Windward Way #523 Lantana, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mackenzie Verdi	19892 Dinner Key Dr. Boca Raton, FL 33498	<input checked="" 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
 Mackenzie Verdi
 Typed or printed name of signee