

L12000093808 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

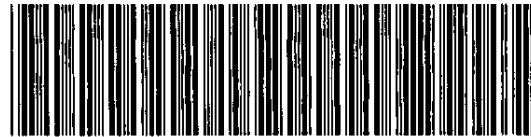
(Business Entity Name)

(Document Number)

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2013 DEC -6 PM 6:44
FALTA ASSOCIATION

B. BOSTICK

DEC 10 2013

EXAMINER

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: Valence Capital, 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:

Sean Lucas

Name of Person

Valence Capital, LLC

Firm/Company

777 Brickell Avenue, Suite 1200

Address

Miami, Florida 33131

City/State and Zip Code

sean.lucas@valence-capital.com

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

For further information concerning this matter, please call:

Sean Lucas

Name of Person

at (305) 503-1596

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

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TALLAHASSEE, FL 32301

Valence Capital, LLC

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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	Aroya Corp, LLC	777 Brickell Ave Suite 1200	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Aroya, L.L.C.	777 Brickell Ave	<input checked="" type="checkbox"/> Add
		Suite 1200	<input type="checkbox"/> Remove
		Miami, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" 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 DECEMBER 3, 2013

Signature of a member or authorized representative of a member

JOE ACKERMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FL 32301