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B. BOSTICK
DEC 1 0 2013
EXAMINER

COVER LETTER

_{ивјест:} Valen	ce Capital, Ll		
	Name of Limi	ited Liability Company	
he enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
case return all correspon	dence concerning this matter	to the following:	
·	Sean Lucas		
		Name of Person	
	Valence Cap	oital, LLC	
		Firm/Company	-
	777 Brickell	Avenue, Suite 1200	
		Address	
	Miami, Florid	da 33131	至.
		City/State and Zip Code	
	sean.lucas@vale	•	
		to be used for future annual report notification)	
For further information co	ncerning this matter, please of	eall:	
Sean Lucas		at (305 \ 503-1596	9
Name of	Person	Area Code & Daytime Telephone N	umber

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

valence Capital, LLC	N	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our reconited Liability Company)	ras.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000093808</u>	mpany were filed on <u>07/19/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		_ ve
(Principal office address MUST BE A STREET ADDRE	<u> </u>	之。 三
		S. de
Enter new mailing address, if applicable:		*
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	. Flo	rida
	City	Zip Code

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

Valanca Canital II C

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

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
MGR	Aroya Corp, LLC	777 Brickell Ave Suite 1200)
		Miami, FL 33131	Remove
MGR	Aroya, L.L.C.	777 Brickell Ave	Add
		Suite 1200	Remove
		Miami, FL 33131	_
			_
			Remove
			Add
		57 - 52 - 52 - 52 - 52 - 52 - 52 - 52 -	Remove
			Add
			Remove
			Add
			Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
ated <u> </u>	DECEMBER 3, 2013
	Signature of a member or authorized representative of a member TOE ACKERMAN
	Typed or printed name of signee

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Filing Fee: \$25.00

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