L1200093808

(Re	equestor's Name)			
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COVER LETTER

TO: Registration Division of C		
VALE!	NCE CAPITAL, LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fec(s) are submitted for filing. spondence concerning this matter to the following:	
	Sean Lucas	
	Name of Person	_
	Valence Capital, LLC	
	Firm/Company	_
	777 Brickell Avenue, STE 1200	学出 访
	Address	
	Miami, Florida 33131	
	City/State and Zip Code	– ්
	Sean.Lucas@valence-capital.com	: 2
For further information	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:	
Sean Lucas	305 503-1596	
Nan	e of Person Area Code Daytime Telephone Number	er
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	ate of Status &

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

Valence Capital, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000093808</u> .	were filed on 07/19/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		72 B
		- 19
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** MGR Eyton Holding, LLC 777 BRICKELL AVE SUITE 1200 □ Add MIAMI, FL. 33131 US Remove MGR GB.Revocable Trust 777 BRICKELL AVE SUITE 1200 ■ Add MIAMI, FL 33131 □ Remove Add 📮 Remove 23 ⊡≒Add □ Remove ☐ Add ☐ Remove _□ Add _□ Remove

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ective date, if other than the date of filing: (option of the date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days are specific.	after
date this document is filed by the Florida Department of State)	
December 15 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of a member or authorized representative of a member	
Joe Ackerman for Aldya, L\L.C.	

Page 3 of 3

Filing Fee: \$25.00