## 112000102351

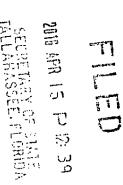
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## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
VALADE II SUBJECT:	INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	ANTOINE GENDRE		
	<del>- 111 - 12</del>	Name of Person	-
		Firm/Company	
	805 N ANDREWS AVEN	UE	
		Address	
	FORT LAUDERDALE, F	L 33311	
	***	City/State and Zip Code	
	antoinegendre@yahoo.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
ANTOINE GENDRE		954 530 13	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	e following amount:		SSA II
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is anciosed)

MAILING ADDRESS:

TO:

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

VALADE II INVESTMENTS LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) cd Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000102351</u> .	any were filed on AUGUST 09, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our records, enter the name of the name:
Name of New Registered Agent:	<del>-</del>
New Registered Office Address:	TLCS A
	Enter Florida street address
	City , Florida Zap Code
New Registered Agent's Signature, if changing Registered Age	

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHEL CECCHIN	805 N ANDREWS AVE	_ <b>■</b> Add
-		FORT LAUDERDALE, FL 33311	Remove
			☐ Change
			Add
			☐ Remove
		<del>-</del>	
			Add
		<del></del>	Remove
			☐ Change
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tive date, if other than the frective date is listed, the date mu. If the date inserted in this benent's effective date on the I	ist be specific and cannot be prolock does not meet the app	licable statutory filin	(option ore than 90 days after f g requirements, this	iling.) Pursuant to 605.0
cord specifies a delaye e 90th day after the rec	d effective date, but cord is filed.	not an effective t	ime, at 12:01 a.	
APRIL 12	, 2016	·		55 T
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Filing Fee: \$25.00