

L13000043486

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H14000202108 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I200000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 27 AM 8:29

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dhernandez@agilaw.com

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14 AUG 27 AM 6:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALORE PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

99.00000000

AUG 28 2014

(((H14000202108 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: VALORE PARTNERS, 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:

ROBERT R. ADAMS

Name of Person

ADAMS GALLINAR, P.A.

Firm/Company

1000 BRICKELL AVE., STE. 300

Address

MIAMI, FL 33131

City/State and Zip Code

DHERNANDEZ@AGILAW.COM

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

For further information concerning this matter, please call:

DIANE HERNANDEZ

Name of Person

at **(305) 416-6820**

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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2014 AUG 27 AM 8:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF****VALORE PARTNERS, 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 MARCH 22, 2013 and assigned
Florida document number L13000043486.

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: _____

(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 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CHAIRMAN	MARK RUFEB	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
CEO	MARK RUFEB	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
P	WARREN HERZ	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
VP	JACQUELINE RUTIGLIANO	1000 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
S.VP	JACQUELINE RUTIGLIANO	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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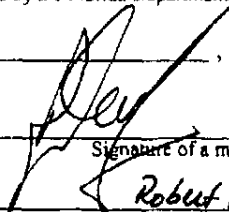
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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