Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20C2C000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address:

RECEIVED 4 FEB - 5 PM 2: 50 SECRETARY OF STATE ALL AHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VALHALLA PARTNERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SECRETARY OF STATE TALL AHASSEE, FLORIDA

TILED -5 AM 9: 49

Electronic Filing Menu

Corporate Filing Menu

FEB = 6 2010elp

T. HAMPTON

COVER LETTER

SUBJECT: VAL	HALLA PARTN	ERS, LLC	
3000001.		led Liability Compалу	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Sharon K. G	ray	
		Name of Person	
	Triad Profes	sional Servi	ces, LLC
		Firm/Company	
	1720 Windwa	ard Concour	rse, Ste. 390
		Address	
	Alpharetta, C	30005	
		City/State and Zip Code	
,	E-mail address: (fo	be used for future annual re	port notification)
Por further information	concerning this matter, please cal	11:	
Sharon K.	Gray	at (770, 77	77-2091 Daytime Telephone Number
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy	☐ \$60.00 Filing Fee, Certificate 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, FI, 32301

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 FEB -5 AM 9: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Valhalla Pertners, LLC

(Name of the Limited Liability Company as it now annears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Limbility (Florida document number <u>L13000053336</u>	Company were filed on 4/11/2013	and assigned
This amendment is submitted to arriend the following:		
A. If amending name, enter the new name of the lim	rited fiability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		an thropide with makes it completely appropriate and a till a data life. I have be a second or a man over your a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	no distributed in Automotive Automotive Commission (Commission Commission Com	and the second s
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida savet address	
***************************************	, Florid	
•	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

Page 1 of 3

If smending 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 = M AMBR = A	lanuger athorized Member			
Title	Name	Address	Type of Action	
AMBR	Frank S. loppolo, Jr.	1525 International Parkway		
	•	Suite 2071	. Remova	
	•	Lake Mary, FL 32746		
	A CONTRACTOR OF THE PARTY OF TH			
			□ Remove	
			☐ Remove	
amounts and appropriate the			2014 FEB - 5 AN SECRETARY OF TALLENHASSEE.	
			OF STATE OF	
			D Add	
			C Remove	

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: (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 Florido Department of State)
	February 5 . 2014
	FRAR
	Signature of a member of authorized representative of a member Richard A. Bruner, Jr. Esq.
	Type for printed name at stores

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE