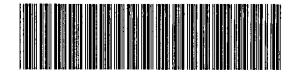
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## **COVER LETTER**

Division of Corporations	
SUBJECT: VALGONZULAU FLORIOA ZLC  Name of Limited Liability Company	
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:	
RICARDO RESTINO Name of Person	
Name of Person	
VALGONZUZAU FLORIDA ZZC	
Firm/Company	
8061 NW 154 Street \$117 Address	
Address	
MIAMI LAKES FZ 33016	
City/State and Zip Code	<del></del>
MIAMI LAKES FZ 33016  City/State and Zip Code  RICUSA D HOTMAIL. COM  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICARDO RESINO at (305) 300-0597  Name of Person Area Code & Daytime Telephon	
Name of Person Area Code & Daytime Telephon	e Number
Enclosed is a check for the following amount:	
Certificate of Status 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALGON LULAU FO		
(Name of the Limited L (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Lial Florida document number <u>L130000115</u>	bility Company were filed on 08-15-2	2013 and assigned
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of the submitted to amend the follow.	ving:	FILE  13 SEP   1  SECKETARY OF TALLAHASSEE,
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applical		ation "LICE" or the abble ation
• •		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the new
New Registered Office Address:	Enter Florida str	eet address
	Th	ida
	City , Fior	ida Zin 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
D. If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.  JANGE OF STATUS_	)		
-	ACTUALLY 15 MGR,	AND CHANGE TO MGR	<u>M</u>		
-		TALL			
Dated	09-06-13	THASSEE, FL	FILED SEP 11 PM		
	RICARDO REST	r or authorized representative of a member	O STATE		

Page 2 of 2

Filing Fee: \$25.00