# L14000043718

| (Re                     | questor's Name)    | _           |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ad                     | ldress)            |             |
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| (Ad                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phon  | e #)        |
| . PICK-UP               | WAIT               | MAIL.       |
|                         |                    |             |
| (Bu                     | ısiness Entity Naı | me)         |
|                         |                    |             |
| (Do                     | cument Number)     | 1           |
|                         |                    |             |
| Certified Copies        | _ Certificate      | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer     |             |
| Special histiactions to | rining Officer.    |             |
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Office Use Only



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\* Elisa \* EB = 4 2015,

## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |  |   |  |
|-----------|------------------------------------|--|---|--|
| CYIDID    | FLA VAL                            | ET LLC                                       |   |  |
| SOBIE     | CT:                                | Name of Lim                                  | ited Liability Company  |  |
|           |                                    |  |   |  |
| The enc   | losed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please re | eturn all correspo                 | ondence concerning this matter               | to the following:   |  |
|           |                                    | Bruno Valdivia                               |   |  |
|           |                                    |  | Name of Person  | ···  |
|           |                                    | FLA VALET LLC                                |   |  |
|           |                                    |  | Firm/Company  |  |
|           |                                    | 1920 Piccadilly Circ                         | us  |  |
|           |                                    |  | Address   |  |
|           | :                                  | Naples, FL 34112                             |   |  |
|           | ,                                  | have Official and                            | City/State and Zip Code   |  |
|           |                                    | bruno@flavalet.com E-mail address: (         | to be used for future annual report notific                         | cation)  |
| For furtl | ner information c                  | oncerning this matter, please c              | all:  |  |
| Bruno     | Valdivia                           |  | 239 398-7499  |  |
|           | Name o                             | f Person                                     | at ()Area Code Daytime  | Telephone Number   |
|           |                                    |  |   |  |
| Enclose   | d is a check for th                | ne following amount:                         |   |  |
| \$25.     | .00 Filing Fec                     | □ \$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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2014

BRUNO VALDIVIA 1920 PICCADILLY CIRCUS NAPLES, FL 34112

SUBJECT: FLA VALET LLC Ref. Number: L14000043718 RECEIVED

15 FEB -3 AM IO: 00

BUREAU OF COMMERCIAL

We have received your document for FLA VALET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 914A00026579

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLA VALET LLC  |  |   |                                |
|--|--|---|--------------------------------|
| (Name of the Limi  | ted Liability Comp<br>(A Florida Limited | any as it now appears on our records.<br>Liability Company) | )                              |
| The Articles of Organization for this Limited L Florida document number L14000043718 | iability Compan                          | y were filed on <u>03-17-2014</u>                           | and assigned                   |
| This amendment is submitted to amend the following                                   | lowing:                                  |   |                                |
| A. If amending name, enter the new name of   | of the limited lia                       | bility company here:  |                                |
| The new name must be distinguishable and end with the                                | words "Limited Lia                       | bility Company," the designation "LLC                       | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                  |  | Same principal agent  |                                |
| (Principal office address MUST BE A STREE  | ET ADDRESS)                              |   |                                |
| Enter new mailing address, if applicable:  |  | Same as before  | 15 FE                          |
| (Mailing address MAY BE A POST OFFICE  | BOX)                                     |   | SET O                          |
| B. If amending the registered agent and registered agent and/or the new registered o |  |   | enter the name of the new      |
| Name of New Registered Agent:  | Same as b                                | efore   |                                |
| New Registered Office Address:   | Same as b                                | efore   |                                |
| -  |  | Enter Florida street address                                |                                |
|  |  | ······································                      | rida                           |
|  |  | 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

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 **Type of Action** <u>Address</u> <u>Title</u> Name 1 1920 Piccadilly Circus MGR Bruno Valdiva ■ Add Naples, FL 34112 □ Remove James J. Del Sordo 1920 Piccadilly Circus MGR ■ Add Naples, FL 34112 ☐ Remove **MGR** Tyler Gyorkos 1920 Piccadilly Circus Naples, FI 34112 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

| If amending any otl        | her information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|----------------------------|---|
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|                            |   |
|                            |   |
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| Effective date, if oth     | her than the date of filing: (optional)   |
| (The effective date must b | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s filed by the Florida Department of State) |
| December                   | 9th 2014  |
| Dated                      | Brus Valleis  |
| · · · · · ·                | Signature of a member or authorized representative of a member  |
| Bruno V                    | /aldivia  |
|                            | Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00