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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALUE PLACE PROPERTIES LLC

Certificate of Status	0
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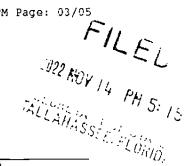
Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

To: 18506176383 From: 19166105073 Date: 11/11/22 Time: 3:32 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			75.5
Value Place Properties LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
	~	05/07/2014	
The Articles of Organization for this Limited Liability Company	c were filed on _	03/07/2014	and assigned
Florida document number <u>L14000073856</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)			
printed war construction of the construction o		<u> </u>	
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	me of the new registered
agent and/or the new registered office address nere.			
Name of New Registered Agent:			
Name of New Registered Agent.		-	
New Registered Office Address:	Post of	lorida street address	<u> </u>
	r.nier r	torida sireet 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.

To: 18506176383 From: 19166105073 Date: 11/11/22 Time: 3:32 PM Page: 04/05

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eli Bernard	815 C St. #24	🗆 Add
		Marysville, CA 95901	:NRemove
			[] Change
			□Add
			□Remove
	<u></u>	Change	
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(If an effect <u>Note:</u> It	ctive date is listed, the d If the date inscribed in	an the date of filing late must be specific and this block does not re the Department of S	icannot be prior to a nect the applicabl	date of filing or more to e statutory filling re-	(optiona han 90 days after film quirements, this da	छ) Pursuant to 605 020
		effective date, but not	an effective time	, at 12.01 a.m. on t	he earlier of, (b)	The 90th day after th
				•		
reord is file	November 10					
cord is file	November 10					
ecord is file	November 10			ed representative of a	member	

. To: 18506176383 From: 19166105073 Date: 11/11/22 Time: 3:32 PM Page: 05/05

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