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COVER LETTER

TO: Registration Section Division of Corporations
VALFAC EXPRESS LLC
Division of Corporations SUBJECT: VALFAC EXPRESS 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: CARRIECA DE MARINIS Name of Person
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GABRIECA DE MARINIS
10350 W Bay Hauby De 3U
Email address: (to be used for future danual report notification) Email address: (to be used for future danual report notification)
GARRIELA de MARINIS al 786 202-9378
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALFAC EXPRESS,LLC		
(<u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/17/2014	and assigned
Florida document number L14000113171		
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 contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	7,
Principal office address MUST BE A STREET ADDRESS	<u></u>	
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		%1 !
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning unaress WIII BE WI OST OFFICE BOX		5M 00
		٧.,
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		rds, enter the name of the
New Registered Office Address:		
	Enter Florida street add	tress
		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

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
MGR	DE LA SOTA MARTIN E.	2875 NE 191ST STREET,SUITE	Add
		801 AVENTURA, FL 33180	□ Remove
		<u>- , . , . , . , . , . , . , . , . , , ,</u>	☐ Change
MGR	BOSETTI,CARLA VANESA M	2875 NE 191ST STREET,SUITE	Add
		801 AVENTURA, FL 33180	☐ Remove
			Add
			Спосе
			☐ Change
			Add
			Remove
		 	☐ Change
			Ved Ved
			Remove
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