L14000113171

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2016

VALFAX EXPRESS, LLC 14 KING WALK NE ATLANTA, GA 30307 US

SUBJECT: VALFAC EXPRESS, LLC

Ref. Number: L14000113171

We have received your document for VALFAC EXPRESS, 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):

SIGNATURE PAGE NOT RECEIVED

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00018484

COVER LETTER

TO:		istration Se ision of Cor				
SURI	ECT:	_				
	2011			ited Liability Company		
The e	UBJECT: Valfac Express LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Ilease return all correspondence concerning this matter to the following: Martin de la Sota Name of Person Valfac Express LLC Firm/Company 10350 West Bay Harbor Island 3U, Address Bay Harbor, FL 33154 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Name of Person Name of Person Daytime Telephone Number					
Please	e returr	all correspo	ndence concerning this matter	to the following:		
		1	Martin de la Sota			
				Name of Person		
			Valfac Express LLC			
			Firm/Company			
			10350 West Bay Harbor Island 3U,			
				Address		
			Bay Harbor, FL 33154			
				City/State and Zip Code		
			E-mail address: (to be used for future annual report not	fication)	
For fu	ırther i	nformation c	oncerning this matter, please ca	all:		
		=		at ()		
		Name of	f Person	Area Code Daytim	ne Telephone Number	
Enclo	sed is	a check for th	ne following amount:			
⊞ \$2	25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/1/2014	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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
		Shall Street
B. If amending the registered agent and/or registered of		enter the name of the n
registered agent and/or the new registered office address her	<u>e:</u>	SE SE
•		93). N
Name of New Registered Agent:	• 11 11113	<u> </u>
No. B. day 1000 All an		
New Registered Office Address:	Enter Florida street address	A)
		The second secon
	, Flor	ida 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	Martin de la Sota	2875 NE 191 Street	
		Suite 801, Aventura, FL 33180	■ Remove
			□ Change
MGR	Bossetti, Carla Vanesa M	2875 NE 191 Street	Add
		Suite 801, Aventura, FL 33180	■ Remove
			Add
			Remove
,			□.Ghange
			— 25 □Add
			Remove
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

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factive date if other than the date of filing: 07/11/2014 (on	tional	
fective date, if other than the date of filing: O7/11/2014 (op in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at the late inserted in this block does not meet the applicable statutory filing requirements, the current's effective date on the Department of State's records.	tional) er filing.) Pursuant to his date will not be	605.02 listod (
record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	. a.m. o n thelea	rlier c
AUGUST 18 2016		
		4
Signature of a member or authorized representative of a Member		

Page 3 of 3

Filing Fee: \$25.00