L14000 (52589

(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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OCT 20 2015 J SHIVERS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: F/o	rida Valet L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
		o vii tono ii iigi	
	Emma	wel KaveKos Name of Person	
		Firm/Company	
		Feather Trail	
		Address	
	West Po	Im Beach, FL 3	3411
	Manny	Clm Beach, FL 3 City/State and Zip Code OFL Valet. Com o be used for future annual report notificat	lion)
	•		non)
For further information co	ncerning this matter, please ca	ll:	
Manny Name of	KAVEKOS Person	at (<u>561</u>) 324-6 Area Code Daytime Te	666 Elephone Number
England in a shoot factor	o following amount		
Enclosed is a check for the	_		
✓ \$25.00 Filing Fee	□ \$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

TO ARTICLES OF ORGANIZATION OF

	Lorida Valet LhC
(<u>Name of the Limit</u>	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on 9-30-2014 and assigned 2589.
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE I	<u></u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	Emmanuel Kavekos 87 88 19 19 19 19 19 19 19 19 19 19 19 19 19
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
	z. 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Susana KaveKos		□ Add
			Remove
			☐ Change
Pres	Emmanuel Kavekos		⊠ Add
			□ Remove
			Change
			Add
		_	Remove
			□ Change
	***************************************		Add
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ective date, if other than the date of fili	ing:		(opti	nnáľ)		
an effective date is listed, the date must be specific a ote: If the date inserted in this block does no ocument's effective date on the Department o	and cannot be prior to t meet the applical	o date of filing or mor ble statutory filing	e than 90 days after	filing.) Pu	rsuant to not be	605.0207 (3 listed as th
e record specifies a delayed effective The 90th day after the record is filed	d.				the ea	arlier of:
Susana Kave	, <u>2015</u>					
// //	D					
floora for	a member or author	ized representative of	f a member	-		_
P Signature of	a memoer of author	ized representative of	i a memoet			
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C v						

Page 3 of 3

Filing Fee: \$25.00