

L500007912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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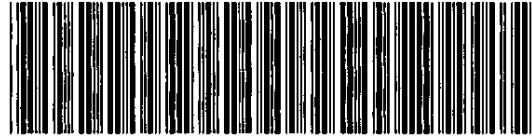
(Business Entity Name)

(Document Number)

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15 MAR 30 PM 4:45
STONY BROOK, NY

APR 17 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEL VALLE RENOVATIONS, 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:

HARVEY DEL VALLE
Name of Person

Firm/Company

4515 SE 8th St.
Address

Ocala FL 34471
City/State and Zip Code

DEWALLECUSTOM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVEY DEL VALLE at (352) 425-4377
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

FILED
15 MAR 30 PM 4:43
STATE

5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DEL VALLE RENOVATIONS LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/14/2015 and assigned Florida document number L15000007912.

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 end with the words "Limited Liability Company," the designation "LLC" 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HARVEY DEL VALLE

New Registered Office Address:

4515 SE 8TH ST

Enter Florida street address

OCALA

City

Florida

34771

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.

[Signature]
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

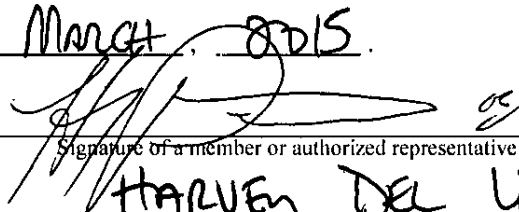
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	UNITED STATES	13302 Winding Bark Ct. A	<input type="checkbox"/> Add
	Corporation Agents Inc.	Tampa FL 33612	<input checked="" type="checkbox"/> Remove
MGR	HARVEY DELVALLE	4515 SE 8th St	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
PRES/CEO	HARVEY DEL VALLE	4515 SE 8th St	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
AMBR	CATHIE QUENDO	4515 SE 8th St	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 25th of March 2015


Signature of a member or authorized representative of a member
HARVEY DEL VALLE
Typed or printed name of signee

FILED
MAR 30 PM 4:43
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA