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SECRETARY OF STATE
ANALYSEE FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Corp				
OUD		ALENCE INVESTMENT 5 I	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		ALA	N AHMAD MOURAD		
			Name of Person		
		· · · · · · · · · · · · · · · · · · ·			
		12000 DIS	Firm/Company		
		12000 BIS	CAYNE BLVD. SUITE 702		
	Address				
	City/State and Zip Code alan@valenceinvestment.com				
			to be used for future annual report notific	cation)	
For fu	arther information co	oncerning this matter, please ca	•	,	
ALAN AHMAD MOURAD 305 934 1966					
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	e following amount:			
■ \$2	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

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

VALENCE INVESTMENT 5			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Complete Line Line Line Line Line Line Line Lin	pany were filed on	JUN/04/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
N 8	•		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Register			
hereby accept the appointment as registered agent and	l agree to act in this c	capacity. I further ag	ree to comply with

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 2015 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

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>	<u>Address</u>	Type of Action
MGR	ALAN AHMAD MOURAD	12000 BISCAYNE BLVD.	□ Add
		SUITE 702, NORTH MIAMI	,
			Remove
		FL 33181	☐ Change
MGR	VALENCE INVESTMENT LLC	12000 BISCAYNE BLVD.	_ ■ Add
		SUITE 702, NORTH MIAMI	
			□ Remove
		FL 33181	☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Add
			Remove
			Change Ch
			Change

f amen	ding any other infor	mation, enter cl	nange(s) here: (Atta	ch additional sheets, i	if necessary.)	
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an effect lote: If ocumen	the date inserted in this it's effective date on the	must be specific and s block does not m e Department of S	cannot be prior to date oneet the applicable stattate's records.	filing or more than 90 day utory filing requirement fective time, at 12	ts, this date will i	not be listed as
	Oth day after the r		,			
ated	December 11	,	2015		\$ 100 E	3
			100			
		Signature of a r	nember or authorized re	presentative of a member	(S) 15	
		ALAN	AHMAD MOURAD		Ç. ¬	, m
			Typed or printed name	of signee	L STA	3 3
			Page 3 of 3		> > r	.

Filing Fee: \$25.00