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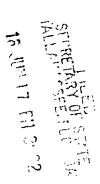
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PICK-UP	☐ WAIT	MAIL
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JUN 20 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Valet Stope 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:	
Dayra A. Waring Name of Person	
Firm/Company	100
Firm/Company 12343 Langstaff Drive	THE THE
Day na A. Marino Campilo Com E-mail address: (to be used for future annual report rotification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

(Name of the Limited	DDC Liability Compa	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number 1500		C 1	109/15	and assig	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the North Post. The new name must be distinguishable and contain the work.	oratio	n LLC		obreviation "L.L	.C."
Enter new principal offices address, if applicab	le:	12345	lamso	4. DUI	10_
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	MILLOGERA	WE FI	5412	50_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	12343 Winden	Largsto New, Fl	A Dri	VE 86
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ır records, <u>enter</u>	the name o	f the new
New Registered Office Address:	1234	3 Lams	toff Di	N6 :	
	Wife	Enter Florida City	street address , Florida	341181 Zip Code	0

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 **Title Address Type of Action** Name Armando Toras □ Add ☐ Remove D, Windermer Change □ Add ☐ Remove ☐ Change Add: Remové ☐ Change ري □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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	en and a second
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more tee: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	quirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
he soul day after the record is fried.	
ed June 8th, 2010.	
1 A A A A A A A A A A A A A A A A A A A	
signature of a member or authorized representative of a	n member

Page 3 of 3

Filing Fee: \$25.00