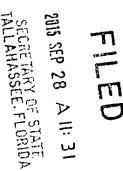
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Office Use Only



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09/28/15--01020--011 **25.00



O.BRUCE

TO: **Registration Section** Division of Corporations SUBJECT: 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: Firm/Company HARBOUR , FL City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Num

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

S60.00 Filing Fee, Certificate, of Status &

Certified Copy ... (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Valuvaliente LC			
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	lity Company were filed on and assigned			
Florida document number <u>LISOODISO</u>	<u>042</u> .			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new			
Name of New Registered Agent:	ERICKSON + SCHART E			
New Registered Office Address:	470 BISCAYNE BLVD # 72000 -			
-	MIAM , Floridan 3813			
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability			

Page 1 of 3

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
			Add
			☐ Remove
		•	Add
		 	□ Remove
		*Ment	
			□ Remove
			☐ Change
			Add
			☐ Remove
			2015 SEP 280 SECRETARY FALLAHASSE
			2015 SEP 28 Add AACLAHASSEE. F
			OF STATE 3
			Change
			Add
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,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary	7
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f an ef <mark>Note:</mark>	e date, if other than the date of filing:	Pursuant to 605.0207 will not be listed as
	rd specifies a delayed effective date, but not an effective time, at 12:01	2015
e re The	(Ith day after the record is filed	opathe eather of
	Our day after the record is filled.	28
ated	SEPTEMBER 2015	
	ORID	₩
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00