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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ALEX VALLES SELLS HOUSES L.L.C. 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:				
ALEX VALLES Name of Person				
ALEX VALLES SELLS HOUSES L.L.C. Firm/Company				
2520 NE 10 TETTACE				
Ponlano Beach, FL, 33064 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ALEX VALLES at (954) 592-3197 Name of Person at (954) Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 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

ALEX VALLES SELLS HOUSES L.L.C (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 _O	9-21-2015 and assigned	
Florida document number <u>L15000159914</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "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 or registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter the name of the n</u>	<u>ew</u>

New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>•</u>		
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	ny duties, and I am familiar-with and napter 605, E.S.Or, I this document is	he

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action	<u>on</u>
AMBR	Jose Valles	2520 Ne 10 terrace XAdd	
		2520 Ne 10 terrace XAdd 10 Mlaho Beach Fi, 33064 Remove	
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E. Effec	tive date, if other than the date of filing:	(optional))	
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement and seffective date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12 appears a grant property and some secord is filed.	?:01 a.m.	on the earl	ier of:
Dated	JAN, 14, 2016			
	aly Waller			
	Signature of a member or authorized representative of a member		2015 	
	ALEX VALLES Typed or printed name of signee	RETARY NHASSE	JAN =	
		<u></u>		•
	Page 3 of 3	STA ATS	پ پ	•
	Filing Fee: \$25.00	A SE	w	