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2016 JAN 26 PM 5: 2

K.SALY EXAMINER IAN 27

COVER LETTER

TO:

Registration Section
Division of Corporations

VALPRO INVESTMENTS, LLC

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:

RUTH NORGAN

Name of Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR STE 140-106

Address

LAS VEGAS NV 89131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH NORGAN

702 506-019

Name of Person

" _____

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JAN 26 PM 5: 28

MILLAM SSEE, FLORID.

VALPRO INVESTMENTS, LLC

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

(A Florida Limited Liability Company)

		$\omega n \eta_{J_0}$	
The Articles of Organization for this Limited Lia	ibility Company were filed on JANU	ARY 14, 2016 and assigned	
Florida document number L16000010320			
	uima.		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
VALPRO, LLC			
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o		records, enter the name of the new	
registered agent and/or the new registered off	ice address nere:		
N. CN. D. C. LA			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member		rom our records: T L E C		
<u>tle</u>	<u>Name</u>	Address	FALLAHASSEE, FLORID.	Type of Action
			TAMASSEE, FLORIN,	Add
				Remove
				Add
				□ Remove
				□ Remove
				Add
				□ Remove
				Add
			Remove	
				Add
				□ Remove

D. If amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
	201
	2016 JAN 26 PM 5: 28
	1ACLONE 10 PM 5: 28
	THASSEF, FORM
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the the date this document is filed by the Florida Department of State)	(optional) an 90 days after
Dated JANUARY 20 2016	
Mex V, Indeed	
Signature of a member of authorized representative of a member of a MEMBER	ber .
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00