

L16000016087

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000034172 3)))



H160000341723ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALARTIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 10 2016

\$ MASON

2/9/2016 4:17 PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Valartis LLC

(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 01/27/16 and assigned
Florida document number L16000016087.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Valartis, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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. ☐ 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

FILED
FEB - 9
9 44
CLERK OF THE
STATE
OF FLORIDA

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>	<u>Type of Action</u>
MGR	Suzanne Blank-Wadsack	407 Lincoln Road, 9A	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cornelia Wadsack	407 Lincoln Road, 9A	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2006 FEB - 9 A 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(optional)

Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2/6/16

W. Daniel

~~Signature of a member or authorized representative of a member~~

Karl Heinz Wadsack

FILED
FEB 29 9 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA