## 2/600035568

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SECRETARY OF SIGHE

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## COVER LETTER

TO:	Registration Sec Division of Corp			
SHRJE	VALERIE E	NLOW, LLC		
HODGE	C1	Nam <b>e o</b> f	Limited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are	submitted for filing.	
Please r	eturn all correspon	dence concerning this ma	atter to the following:	
			Name of Person	
			Firm/Company	
		1580 WILDERNESS		
			Address	
		WEST PALM BEAC		
		VENLOWRE@GM <b>AI</b>	City/State and Zip Code L.COM	
		E-mail addre	ss: (to be used for future annual report notification)	
For furt	her information co	ncerning this matter, plea	se call:	
VALE	RIE MASON		561 602-3824 at ()	
Enclose	Name of d is a check for the	Person  : following amount:	Area Code Daytime Telephone Number	
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Statu	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tion Section of Corporations x 6327	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

201	i. Nov.	ILE	D
IALLA LLA	HASSE		

VALERIE ENLOW, LLC

(Name of the Limited Liability Con	ipany as it now appears on our record Liability Company)	rds.) ASSEE, FLORID;
	MAY 3RD 201	6
The Articles of Organization for this Limited Liability Compa	ny were filed on MAY 380.201	and assigned
Florida document number L16000035568		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
VALERIE MASON, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1580 WILDERNESS RD	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL	33409
N.		
	- <del></del>	
Enter new mailing address, if applicable:	1580 WILDERNESS RD	
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH, FL	33409
B. If amending the registered agent andor registered registered agent and/or the new registered office address h		ds, enter the name of the new
egistered agent and of the new registered white address in	•••	
Name of New Registered Agent: VALERIE N	MASON	
New Registered Office Address: 1580 WILD	ERNESS RD	
	Enter Florida street addr	
WEST PAL	M BEACH F	Torida 33409 Zip Code
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	rte performance of my duties, o s provided for in Chapter 605	and I am familiar with and . F.S. Or, if this document is

Valerie Mason

If Changing Registered Agent, Signature of New Registered Agent

MGR =	ved from our records:  Manager  - Authorized Member	
Title	<u>Name</u>	Address Type of Action
MGR	VALERIE MASON	1580 WILDERNESS RD, WEST FALM BEACH, FL 37409
		Change
		Add
		Remove
-		Add Add
		Add Silver Remark 27 Professional Profession
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		Emove
		Change
		Change
		Remove
		Change

D. If amending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
	Change(s) here: (Attach additional sheets, if necessary.)  2017 NOV 27 PH 5: 17  SECRETARY OF STATE ORIOA
	2017 NOV 2
	SECRETARY 5. 12
	AHASSEE SIAIF
	LORIDA
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- <u>-                                  </u>	
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	——————————————————————————————————————
E. Effective date, if other than the date of film	g:
(If an effective date is listed, the date must be specifical Note: If the date inserted in this block does not document's effective date on the Department of	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b meet the applicable statutory filing requirements, this date will not be listed as the State's records.
If the record specifies a delayed effective (b) The 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated November 20 m	. 7017
	Valerie Mason
Signature of a	member or authorized representative of a member
VALERIE MASON	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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