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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number: 120110000091 Phone: (305)858-9900

Fax Number : (305)285-0015

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

Email Address: CDIAZO FICHGIds-Law. Conf

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALENTINE OPERATING TRUST LLC

Certificate of Status	0
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Hell. HARRIS

## **COVER LETTER**

	istration Sec sion of Corp			
SUBJECT:	VALENTIN	E OPERATING TRUST LLC	:	·
SUBJECT		Name of Limi	ted Liability Company	<del> </del>
		10 ()	tura C. Oltra	
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		MARISOL L. GONZALEZ	Z	
			Name of Person	
•		RICHARDS & ASSOCIA	ΓES, PA.	
			Firm/Company	
		2665 S. BAYSHORE DRI	VE, SUITE 703,	, ,
			Address	
		MIAMI, FLORIDA 33133		
			City/State and Zip Code	<del></del>
		mgonzalez@richards-law.co		
		E-mail address: (1	to be used for future annual report not	ification)
For further in	formation co	ncerning this matter, please ca	all:	
Marisol L. G	onzalez		305 858-9900 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25,00 F		☐ \$30.00 Filing Fee & . Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 04/13/2016	6 and assigned
Florida document number L16000073385	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	<del>.</del>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•
(Principal office address MUST BE A STREET ADDRESS)	
	_
Inter new mailing address, if applicable:	
Enter new mailing address, if applicable:  (Malling address MAY RE A POST OFFICE ROX)	
	LAND A
Mailing address MAY BE A POST OFFICE BOX)	FPR 26
Malling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our registered of	ecords, enter the name of the
Malling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our registered of	ecords, enter the name of the
Malling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, enter the name of the
Malling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our registered of	ecords, enter the name of the
Malling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, enter the name of the

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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AMBI	R :	=	Αu	ıţl	lιο	ri	ze.	d M	lem]	bei

<u>Title</u>	Name	Address	Type of Action
MGR	TIMOTHY D. RICHARDS	2665 S. Bayshore Drive, Suite 703	□ Add
		Miami, Florida 33133	<b>⊠</b> -Remove
		<u></u>	Change
MGR	Vertilux Management Inc.	7300 NW 35TH Terrace	<b>!!!</b> Add
•		Miumi, Florida 33122	D Remove
			Change
· 			
			□ Remove
			Change
<u></u>			G Add
			C Remove
			Change
<del></del>			DAdd
			N N
			TO BE SEE SEE
			□ Remove



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If amending any other information,	enter change(s) here: (Attach additional sheet	s, if necessary.)
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Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block de document's effective date on the Department.	of filing:  necific and cannot be prior to date of filing or more than 90 nes not meet the applicable statutory filing requiremment of State's records.	_(optional) days after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th
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