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COVER LETTER

Division of Cor		•		
VALKER I SUBJECT:	LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Elan I. Baret, Esq.		<u> </u>	2018 120 10
	· 	Name of Person		
	Baret Law Group PA		, , **	20 10 >
		Firm/Company		من آ
	3999 Sheridan Street		7 7	<u></u>
		Address		
	2nd Floor			
	elan@baretlawgroup.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please c	all:		
Elan Baret		954 486-9966 at ()		
Name o	f Person		Telephone Number	_
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & y

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

VALKER LLC						
(Name of the Limited	Liability Compa Florida Limited l	ny as it now appears on our i	records.)			
The Articles of Organization for this Limited Liab Florida document number L16000082500	oility Company	were filed on $\frac{04/24/2016}{}$		_ and ass	igned	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liab	ility company here:				
he new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.	L.C."	
Enter new principal offices address, if applicable:		5650 Stirling Road				
(Principal office address MUST BE A STREET ADDRESS)		Unit 6-7				
		Hollywood, FL 33021	57	(2) (2)		
Inter new mailing address, if applicable:			25		77	
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			<u> </u>		
			>			
			•	ά	-	
 If amending the registered agent and/or egistered agent and/or the new registered office 	registered of ce address her	ffice address on our re <u>e</u> :	cords, enter th	e năme	of the	
Name of New Registered Agent:	Baret Law Group, P.A.					
New Registered Office Address:	3999 Sheridan	Street 2nd Floor				
	Enter Florida street address					
	Hollywood		Florida <u>33021</u>	<u> </u>		
		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.

I Changing Registered Agent. Stroath of New Registered Agent

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>	Type of Action
MGRM	Michael Ben-Chetirt	17700 NE 9th Place N Mimii Beach, FL 33162	= Add
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ne record specifies a delayed The 90th day after the reco			not an e	ffective t	ime, at 1	2:01 a.	m. on	the ea	rlier d
December 03 Dated		2018	·						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00