L16000104797

(Re	equestor's Name)		
(Ad	dress)		
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(Document Number)			
Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Registration Division of C	Section Corporations	
	ne & Associates Investment group LLC	
SUBJECT: <u>!</u>	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:	
	Bernidine Valentine	
	Name of Person	-
	Valentine& Associates Investment Group LLC	
	Firm/Company	-
	12121 Little Rd. #216	2027 S.E.
	Address	ORE ORE
	Hudson, FL 34606	2022 NOV 16 FY
	City/State and Zip Code	- 1, - 1, .
	vaaigllc@gmail.com	3 19
D. Combonia Commission	E-mail address: (to be used for future annual report notification)	
ror turther informatio	on concerning this matter, please call:	
Bernidine Valentine	404 641-0831 at ()	
Nan	ne of Person Area Code Daytime Telephone Numbe	:r
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Copy	ate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassaa El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lial</u> (A Flor	bility Compa rida Limited l	ny as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Florida document number L16000104792		were filed on June 10, 2019	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liab	ility company here:	
The new name must be distinguishable and contain the words "I	Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		12121 Little Rd. # 216	
Principal office address MUST BE A STREET AD	DRESS)	Hudson, FL34606	207
			至
Enter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		address on our records, <u>enter tt</u>	ne name of the new registe
Name of New Registered Agent:			
New Registered Office Address: 121	21 Little Ro	1. #216 Enter Florida street address	
u	dson		34654
		, Flor	rida 34654

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 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>	Address	Type of Action
AMBR	Anthony Valentine		□Add
		9930 Leguna St. New Port, Richey, FL 34654	≅ Remove
			□ Change
			🗀 Add
			S Remove COR Change
			□ Add
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<u></u>			□Add
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record specifies a delayed effective date, but not an effective is filed.	ve time, at 12	tor a.m. on the	earner of: (b)	rne 90m	day after d
November 13 2022					
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Desmaling Valent Signature of a member or a	ung				

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