

L16000169738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB - 7 2017

MIAMI 02/01/2017

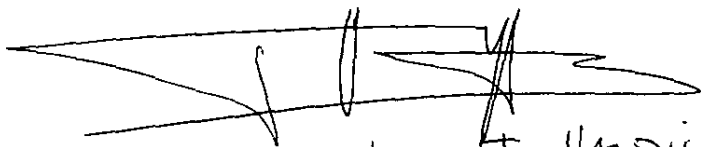
To: FLORIDA Department of State.

Dear: SIR or MADAM:

Attached are form requesting amendments
to my LLC Company.

If you have any questions please
contact me at 305 762 2603.

Best regards,

A stylized handwritten signature in black ink, appearing to read 'Jose T. Valdivia'.

JOSE T. VALDIVIA
VICTOR HOME LLC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALTOVAR HOME LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE T VALDIVIESO
Name of Person

VALTOVAR HOME LLC
Firm/Company

186 SE 12 TERRACE APT. 1604
Address

MIAMI FL 33131
City/State and Zip Code

VALTOVARHOME@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE T VALDIVIESO at (305) 7622603
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

FILED
2017 FEB -6 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALTOVAR HOME, 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 09/09/2016 and assigned
Florida document number LA6000169738

This amendment is submitted to amend the following:

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

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)

186 SE 12 TERRACE Apt. 1604
MIAMI FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

186 SE 12 TERRACE Apt 1604
MIAMI FL 33131

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:

JOSE T VARDIVIESO

New Registered Office Address:

186 SE 12 TER APT. 1604

Enter Florida street address

MIAMI

City

Florida

33131

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.


If Changing Registered Agent, Signature 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>	<u>Type of Action</u>
AMBR	JAVIER TOVAR	110 NW 31 Street. MIAMI FL. 31 27	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
SECRETARY OF
TALLAHASSEE

2011 FEB 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB -6 PM 3:46
CLERK OF COURT
ST. JOHNS COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

Note: 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 February 02, 2017

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

JOSE T VALDIVIA
Typed or printed name of signee