116000170434

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	**
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	 .
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		;

Office Use Only



800290631558

09/30/16--01027--008 **25.00

16 SEP 30 PH 1: 10 DIVISION OF CORFORATIONS

O SIMMONS OCT 0 4 2016

COVER LETTER

		tration Secti on of Corpo		4		
SUBJEC		VALLEN IN	VESTMENT GROUP LLC			
SUBJEC	JI; _		Name of Limit	ted Liability Company		
The encl	osed A	articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please re	eturn al	l correspond	ence concerning this matter t	o the following:		
			HERNAN CARNEVALLE			
				Name of Person		_
				Firm/Company		_
			1800 S Ocean Dr # 709			
				Address		-
			Hallandale Beach, FL. 3300)9		
				City/State and Zip Code		_
			hernan.realestate@gmail.com			
		•	E-mail address: (to	o be used for future annual r	eport notification)	
For furth	er info	rmation con	cerning this matter, please cal	11:		
Hernan (Carnev	alle		786 413-	-7738	
		Name of Po	erson	Area Code	Daytime Telephone Number	r
				•		
Enclosed	l is a c	heck for the i	following amount:			
\$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certification Certified	ate of Status &

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

WALLEN INVESTMENT GROUP LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number L16000170434	mpany were filed on 09/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation D.L.C."
Enter new principal offices address, if applicable:		SEP 3
Principal office address MUST BE A STREET ADDRE	<u></u>	30 F
Enter new mailing address, if applicable:		FILED SEP 30 PM 1: 10
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent. Name of New Registered Agent:		s, enter the name of the ne
-		
New Registered Office Address:	Enter Florida street address	S
	. Flo	orida
	Citv	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>	Type of Action
MGR	JUAN CRUZ	1800 S Ocean Dr # 709	
		Hallandale Beach FL. 33009	■ Remove
		······································	□ Change
MGR	JUAN CRUZ ELJURE	1800 S Ocean Dr # 709	
		Hallandale Beach, Fl. 33009	□ Remove
			☐ Change
		_	□ Add
			☐ Remove
			DIAChange DIAChange CORP. Change
			SEP 30 PHe
			≧i
			Add
			□ Remove
			□ Change
			□ Remove
			Change

, ,					
					<u> </u>
					
					16
				 	TILLIO
					9 3 F
					PR T
					<u> </u>
					0.4°C
Effective date, if other than the if an effective date is listed, the date mention this land the land	ust be specific and can block does not meet	the applicable	te of filing or more t statutory filing rec	(optional) nan 90 days after filing. juirements, this date) Pursuant to 605.0207 (
	ovpartment of State	a records.			
ne record specifies a delaye The 90th day after the re		, but not ar	effective time	, at 12:01 a.m.	on the earlier of:
September 27th,	20	016			
		7			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00