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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017 : (305)340-2000 Fax Number : (786)953-6246

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALDES VIAL LLC

Certificate of Status	0
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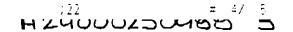
## COVER LETTER

	stration Se ion of Cor			
SUBJECT: _	VALDES \	/IAL LLC		
SCEJECT: _		Name of Lim	nited Liability Company	
The enclosed /	Articles of .	Amendment and fee(s) are sub	emitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		ALEX ORTIZ, CPA		
			Name of Person	
		E ALEX ORTIZ, CPA, PA	4	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2727 PONCE DE LEON I	BLVD	
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		ALEX@ALEXORTIZCPA		
For further in 6		oncerning this matter, please c	to be used for future annual report not	Discation)
		oncerning mis matter, please c		
ALEX ORTIZ			305 340-2000 at ()	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a c	heck for th	e following amount:		
≘ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi: Divis P.O.	ng Address stration S sion of Co Box 632' hassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALDES VIAL LLC				
(Nume of the Limited Liability Compo (A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on09/19/2016		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liubi	lity Company," the designation "LLC	or the ab	breviction "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	2727 PONCE DE LEON BLV	'D		
	CORAL GABLES, FL 33134			
Enter new mailing address, if applicable;	2727 PONCE DE LEON BLV	'D		
Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL 33134			
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter</u>	the nam	e of the ne	<u>w registe</u> 6
Name of New Registered Agent:			<u> </u>	•
Name of New Registered Agent:	•			77
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addres	: :	- <del>                                     </del>	TI
-			EA CILL -60 PH	TIE
-		orida	Cipi Sode	FIED
• • • • • • • • • • • • • • • • • • •	, F1		Zipi@de	TE

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

Title	<u>Name</u>	Address	Type of Action
MGR	VALDES, ALBERTO	11301 S DIXIE HIGHWAY	🗀 Add
		P.O. BOX 566056	≣Remove
		MIAMI, FL 33256	□Change
MGR	VALDES, ALBERTO	2727 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	□Remove
	<del></del>		
			□Remove
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Signature of a member or authorized representative of a member		x Michal
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Filing Fcc: \$25.00