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(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Vorler	ncia Gran	
	Valida	Name of Person)
		Frm/Company	
	<u> </u>	Cate Plu	2 104
	E-mail address: (to	City/State and Zip Code	239 Comal. (cm
For further information conce	erning this matter, please cal	l:	
Name of Per	36rcy	at (904) 703 Code Daytime Te	S7SD elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

Validita 1-1	LC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	apany were filed on 9-27-16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MOST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
registered agent under the new registered office address	The second secon
Name of New Registered Agent:	
New Registered Office Address:	re
	Enter Florida street address
	, Florida

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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Page 3 of 3

Filing Fee: \$25.00