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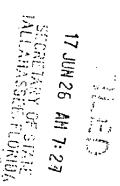
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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		
CUDIE		LEX IMPORT & EXPORT LL	.C	
SUBJE	CT:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MARIA FRANCO		
			Name of Person	····
		STHATUS CORP.		
			Firm/Company	
		10930 NW 72 STREET		
			Address	
		DORAL FLORIDA 33178	3	
			City/State and Zip Code	
		stefaniafranco8@gmail.con		
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
MARIA	FRANCO		305 9862536	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following 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

VALOR FLEX IMPORT & EXPO	ORT LLC.		
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 05/05/2017	and assigned
his amendment is submitted to amend the foll	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	10885 N.W. 50th STREET, UNIT	ſ#209
Principal office address MUST BE A STREE		DORAL, FLORIDA 33178	
			<u> </u>
nter new mailing address, if applicable:		10885 NW 50th STREET, UNIT	# 209
Mailing address MAY BE A POST OFFICE	BOX)	DORAL, FLORIDA 33178	
	<del>.</del>		
. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	or registered of office address here	<u>-</u>	enter the name of the
New Registered Office Address:	10885 NW 50th STREET, UNIT # 209		7 J.
New Registered Office Address:		Enter Florida street address	- <del>5   2</del>
	DORAL	, Floric	da 33178<
	DORAL	, Florid	77.640.2

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to &mply 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
AMBR	JELUEH M. PECK	10885 NW 50th Street, Apt 209	
		Doral, Florida 33178	Remove
			Change
		<u></u>	□ Add
			□ Remove
			Change
			Add
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		□ Remove	
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			Change

N/A				
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	г	UNE 16, 2017		
fective date, if other than	i the date of filing:		Effling or many than 90 days	optional) after filing.) Pursuant to 605.020
ote: If the date inserted in the	nis block does not meet	the applicable stat	utory filing requirements	, this date will not be listed a
cument's effective date on t	he Department of State	's records.		
unneed annual state - 1. C		L.u	r 11 k/	
record specifies a dela The 90th day after the	yed effective date record is filed.	, but not an ef	rective time, at 12:0	01 a.m. on the earlier o
•				
JUNE 16	21	017		JUN 21 Allass
				6 £
	1505 X K	mertes	resentative of a member	
	Signature of a memi			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00