# L17000194054

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(City/State/Zip/Phone #)
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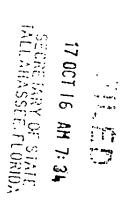
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### FILING CANCELLED RETURNED CHECK



#### **COVER LETTER**

TO: Registration Section Division of Corporations

## FILING CANCELLED RETURNED CHECK

subject: <u>Value</u>	dCloud LLC		<u>r</u>
	Name of Limit	ted Liability Company	•
The enclosed Articles of Air	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Cheri	don T. Edgar	
		Cloud LLC Firm/Company	<del></del>
	2403 bellaro		
	Royal Palm Be	Pach Fl 33411 City/State and Zip Code	
-	Cheridan Q Va	lued Cloud . com o be used for future annual report notifi	eation)
For further information conc	erning this matter, please ca	II:	
Cheridon T	Edge	at ( <u>561</u> ) <u>309 ~</u> Area Code Daytime	9104 Telephone Number
Enclosed is a check for the f	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

### FILING CANCELLED RETURNED CHECK

Valued Cloud LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ality Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000194054</u> .	re filed on September 19,2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address Florida City
New Registered Agent's Signature, if changing Registered Agent:	RIOA

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 dutics, 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:

FILING CANCELLED MGR = Manager AMBR = Authorized Member RETURNED CHECK Type of Action Title Name Cheridon T. Edgar SR 1060 woodcock RJ Ste #27643, orlando, F1 32803 MGR Changeing title from MGR to CEO.

Removing "SR" title from name. D'Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

_Changing	2 title from	MGR to C	CO. Removing	SR title	fron
nome.	<u>L17000</u>	0194054	Valueacio	oud LLC	
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	R	RETURNED	CHECK		
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fective date is listed, If the date inserte nent's effective dat	ed in this block does not r te on the Department of S	d cannot be prior to date of meet the applicable state State's records.		this date will no	t be lis
90th day afte	r the record is filed.		ective time, at 12.0	1 a.m. on the	: ean
	<u>- 13</u>				
<del></del>	Signature of	G CV member or authorized repi	resentative of a member	<del></del>	
	_	Typed of printed name o			

Page 3 of 3

Filing Fee: \$25.00