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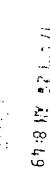
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## FILING CANCELLED RETURNED CHECK

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# COVER LETTER FILING CANCELLED RETURNED CHECK

TO: Registration Section Division of Corporations

ValuedClo SUBJECT:	ud 1.LC		
30B/EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheridon T. Edgar		
		Name of Person	
	ValuedCloud LLC		
		Firm/Company	<del></del>
	1060 WOODCOCK RD S	TE 128 #27643	
		Address	
	ORLANDO, FL 32803		
	<del></del>	City/State and Zip Code	
	CHERIDON@VALUEDC	LOUD.COM	
	E-mail address: (	to be used for future annual report notif	leation)
For further information c	oncerning this matter, please c	all:	
Cheridon T. Edgar		561 309-9104	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

### FILING CANCELLED RETURNED CHECK

ValuedCloud LLC			
( <u>Name of the Limi</u>	ted Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	
he Articles of Organization for this Limited L	iability Company were file	ed on September 19, 2017	and assigned
orida document number L1000194054	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liability com	<u>ıpany here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Compa	any." the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
nter new mailing address, if applicable:			既2 
Mailing address MAY BE A POST OFFICE	 (BOX)		[N2 #h-1
			ja e
. If amending the registered agent and		dress on our records, <u>en</u>	
egistered agent and/or the new registered of	ffice address here:		· •
Name of New Registered Agent:	Cheridon T. Edgar		
New Registered Office Address:	1060 WOODCOCK RD	STE 128 #27643	
New Registered Office Address.		Enter Florida street address	<del></del>
	ORLANDO		32803
	City		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

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Cheridon A. Edgar	Refer to section D	■ Add
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Addiess for en	eridon A. Edgar; 1	060 WOO	DDCOCK F	RD STE 12	8 #27643.	ORLAND	D, FL 328	03.		
Removing SR t	title from Cheridon	T. Edgar	on Registe	red Agent						
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an effective date is list ote: If the date inse	ed, the date must be s	pecific and	cannot be p	rior to date	of filing or m	ore than 90 o	lays after fi	ling.) Pur	suant to 605	5.020 ed a
ocument's effective						5 1				•
e record specifie The 90th day a				not an e	ffective t	ime, at 1	.2:01 a.	m. on	the earli	er c
ated October 18		·	. <u>2017</u>							
				1						

Page 3 of 3

Filing Fee: \$25.00