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Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

September 10, 2020

Certified Mail Return Receipt Requested No. 7017 3380 0000 6307 7219

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Ref: Articles of Amendment to the Articles of Organization for Valkrealty LLC, a Florida limited liability company, (the "Company")

To whom it may concern:

Enclosed please find the Articles of Amendment for the company referenced above and check # 1921 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

Bv

Luisa Elena Cuadrado, Paralegal

COVER LETTER

Divis	sion of Corpo	orations			
SUBJECT:	VALKREAL	TY LLC			
SOBJECT: _		Name of Limited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	all correspond	dence concerning this matter	to the following:		
		LUISA ELENA CUADRA	ADO		
			Name of Person		
		DIEGO L. RESTREPO, P.	.A.		
			Firm/Company		
		2600 SOUTH DOUGLAS	ROAD, SUITE 913		
			Address		
		CORAL GABLES, FL 33	134		
			City/State and Zip Code		
		LUISA@RESTREPOLAW			
		E-mail address: (to be used for future annual report not	ification)	
For further inf	formation cor	cerning this matter, please ca	all:		
LUISA ELEN	NA CUADRA	ADO	305 447-9430 at ()		
	Name of F	Person		ne Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling 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)	
			6		

Mailing Address:

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ß

VALKREALTY LLC			SR TT
(<u>Name of the Limi</u>	ted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L Florida document number L17000221231	iability Compar	ny were filed on 10/25/2017	and and assigned
This amendment is submitted to amend the foll	owing:		·. ഗ
A. If amending name, enter the new name of	f the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Lia	ability Company," the designation "LLC" or	r the abbreviation "L.1C."
Enter new principal offices address, if applie	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and/or agent and/or the new registered office addre	~	e address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		. Floric	da
		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 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	JUAN PABLO MARTINEZ	2600 SOUTH DOUGLAS ROAD, SUITE 913	= Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
		□ Remove	
		□Change	
		□ Add	
			□Remove
			
			□Remove
		□Change	
		□Remove	
		□ Change	
			🗀 Add
			□Remove
			Chance

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(If an effec Note: 11	e date, if other than the date of filing:
ne record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	i(a)
	Signature of a member or authorized representative of a member
	DIEGO L. RESTREPO, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee