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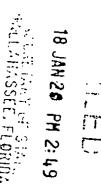
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Special Instructions to	Filing Officer:	
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Division of Cor	porations		
Valorton F SUBJECT:	Real Estate Management, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Winter		
		Name of Person	
	Mr. Incorporation, Inc.		
		Firm/Company	
	PO Box 12397		
		Address	
	Zephyr Cove NV 89448		
		City/State and Zip Code	
	david@mrine.us	to be used for future annual report notifi	
For further information e	oncerning this matter, please co		(cation)
David Winter		775 580-7111 at ()	
Name o	f Person	at () Area Code — Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filling Fee	S30.00 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:

TO:

Registration Section

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

Valorion Real Estate Management, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on January 8, 2018	and assigned
Florida document number 1.18000005454		
This amendment is submitted to amend the following	ç:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		78
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the ne
regionered and of the field regionered writer in	the state of the s	12:4 100M
Name of New Registered Agent:		20 20
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Sonia Sarmago	750 S Orange Blossom Trail	
		Suite 244	Remove
		Orlando, FL 32805	☐ Change
			Remove
			Change
			Remove
			Partid 77
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			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

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If the date inserted in this blo	ck does not meet the applicable s			
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d January 23	2018			
(v)				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00