L18000005454

(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Divisio	n of Corp	porations			
	VAI.	ORTON REAL ESTATE MA	NAGEMENT LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of i	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspoi	ndence concerning this matter	to the following:		
		DE	NNIS ROEL SARMAGO		
	Name of Person				
		VALORTON REA	L ESTATE MANAGEMENT LLC		
			Firm/Company		
	3225 MCLEOD DRIVE, SUITE 100				
		-	Address		
			oel@coachroel.com	 	
			to be used for future annual report notif	ication)	
For further infor	mation co	oncerning this matter, please co	all:		
DENNI	ROEL SA	ARMAGO	407 818-2171		
	Name of	Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a ch	eck for th	e following amount:			
≘ \$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisi P.O. I	30x 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALORTON REAL ESTATE MANAG	EMENT LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 8, 2018	and assigned
Florida document number L18000005454		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name most be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the al-	obreviation "L.L.C."
Enter new principal offices address, if applicable:	509 S CHICKASAW TR, STE 256	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32825	
		··· 22
		- cm
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
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, 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>	Address	Type of Action
MGR	DENNIS ROEL SARMAGO	3225 MCLEOD DRIVE, SUITE 100	≣Add
		LAS VEGAS. NEVADA 89121	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

OR	LANDO, FL 32825
	
ote: If i	date, if other than the date of filing:
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted	SEPTEMBER 25 2024
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00