L18000094896

(Requestor's Name)	
(Address)	
(Address)	. .
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

1



12/28/20--01012--028 **60.00





COVER LETTER

ro:	Registration Section
	Division of Corporations

VL GAMING LLC
SUBJECT:

Name of Limited Liability Company

.

.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Maurice Gray				
		Name of Person			
	Dynasty Capital				
		Firm/Company			
	[1] North Orange Ave ST	TE 800			
	Orlando, Fl 32801	Address		2020 DEC 28	<u> </u>
	moetivationn@gmail.com	City/State and Zip Code			
For further information c	E-mail address: (concerning this matter, please c	(to be used for future annual report notific call:	ation)	PH 3:07	D
Maurice Gray		407 777-6724	, · ·	7	
Name o	of Person	at () Area Code — Daytime T	elephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filir Certificate Certified C tadditional co	of Statu opy	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Secti	on		
Division of C	orporations	Division of Corpo			

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

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VE GAMING LEC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2018	_ and assigned
Florida document number ^{1,18000094896}	_

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Valid Capital LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

	202
11640 Bahic St	DEC 2
SUITE 101	
Orlando, FL 32817	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	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 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
<u> </u>			🗆 Add
			🗆 Remove
			□Change
<u> </u>			🗆 Add
			🗋 Remove
			3 □Change
			Hemove
			□Change
	·		□Add
			🗆 Remove
			🗆 Change
		· <u> </u>	🗆 Add
			🗆 Remove
			🗆 Change
	<u>-</u>		🗌 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

,

		_						
			-					
						-		
•		_	_			_		
		_						
				· · <u> </u>				
	·····					· · · — — — — — — — — — — — — — — — — —		
<u> </u>	_							
								
						÷	• •	
							20	
		_						
							<u> </u>	
						•	a a	
							- 	1
						•		-
								-
~						<u> </u>	<u> </u>	
						· · · · ·		
						2 - 1	I	5
						Tro		
					_		2020 DEC 28 PH 3: 07	7
						.12.		
						· · · · · · · · · · · · · · · · · · ·	0	

E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	12/23	2020
		L-C
		Signature of a member or authorized representative of a member
	Maurice Gray	
		Typed or printed name of signee

Filing Fee: \$25.00