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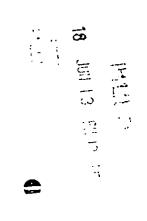
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## **COVER LETTER**

TO: Registration Se Division of Cor			201 .
	•		
SUBJECT: Valeri	15 Land Scaping	Maintance LLC	
SUBJECT: <u>yarıcı</u>	Name of Limi	ited Liability Company	2018 JUN 13 PH 12: 24  2018 JUN 13 PH 12: 24  VISION OF CORPUS
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	112: 21
Please return all correspo	ndence concerning this matter	to the following:	•
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Edvardo Name o	Alerio 1 Person	at (813) 476 - Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Valerios Landscap	ty Company as it now appears on our records.)
(Pame of the Confice Madin	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	
Valerios Lands carring 1	Maintenance LLC nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	med Philothy Company, the designation 12.00 of the dosection 12.00.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
•••	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
<del>-</del>	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Noe Valerio - Estrada	157 W Dyorak Dr	D Add
		Definial Springs FL 3	<u>2433</u> □ Remove
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ord specifies a delayed effe		n effective time, at	12:01 a.m. on the	earl
90th day after the record is	illed.			
June 06	2018			
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Page 3 of 3

Filing Fee: \$25.00