# L18000125653

(Req	uestor's Name	e)		
(Add	ress)			
(Add	ress)			
(City.	/State/Zip/Pho	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Na	ame)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			
Wrang for	m			





300377463093

12/10/21--01018--029 \*\*85.00



A. BUTLER

## TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Esteban Castro Olaya Real Value Capital 110 7208 W Sand lake rd. Suite 305 Orlando FL, 32819 City State and Zip Code Esteban @ Real Value Capital, net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Esteban Castro Olaya ar 407, 288 2338 Enclosed is a check for the following amount (7) \$25.00 Filing Fee 17 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee.

COVER LETTER

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Certificate of Status

Street Address:

Certified Copy

(additional cupy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee

Certificate of Status &

(additional copy is enclosed)

Certified Copy

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF			
Real Valve	Capita d Liability Company as A Florida Limited Liabilit	it now appears or ty Company)	1	10 0.00. 
The Articles of Organization for this Limited Lia Horida document number <u>L 18000</u>	bility Company were	filed on	lay-18-2	ol8 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability c	company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Co	mpany," the design	nation "LLC" or the :	obbreviation "L L.C."
Enter new principal offices address, if applica	ble:			
Principal office address MUST BE A STREET	<u> ADDRESS)</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>			<del></del>
3. If amending the registered agent and/or re agent and/or the new registered office address		ess on our reco	rds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	Estel	oan Ca. Violet	stro 01	aya
New Registered Office Address:	4824	Viole+ Enter Florida:	street address	)rlandoo
	Orland	`ttv	, Florida	32324 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

Title	<u>Name</u>	Address	Type of Action		
MGR	Esteban Castrollaya	9824 Violet Dr.	□Add		
		9824 Violet Dr. Orlando FL 32824	□Remove		
			<b>X</b> Change		
			🗀 Add		
			□Remove		
			Change		
<del></del>			🗆 Add		
			□Remove		
			□Change		
			🗆 Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□Change		

							-
······································	· <del></del>				· · · · · · · · · · · · · · · · · · ·		_
					<u> </u>		-
						·	-
							_
							-
							_
							-
							-
			<u> </u>				-
-							-
							_
							-
							-
<u> </u>							_
			_ 1	1			
	a, if other than th			12021		onal)	
						r filing.) Pursuant to 60 is date will not be lis	
	fective date on the			, ,	•		
	ies a delayed effect	tive date, but not	an effective time	e, at 12:01 a.m. or	the earlier of: (	o) The 90th day aft	er th
s filed.							
ed	Jan - 4-	-2022.					
		4	7				
		Signature of a n	nember or authoria	ed representative o	f a member		

Filing Fee: \$25.00



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 JAN 10 PM 3: 15

SECRETARY OF STATE

December 22, 2021

ESTEBAN CASTRO OLAYA 9824 VIOLET DR ORLANDO, FL 32824

SUBJECT: REAL VALUE CAPITAL LLC

Ref. Number: L18000125653

We have received your document for REAL VALUE CAPITAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00030883

www.sunbiz.org