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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Amend Mamech

> OCT 23 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Valerie Buchanan LLC 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:
Hanrah Boyd Name of Person
Business Control Service, Inc
3925 S. Nova Road
POVY Orange, FL 32127 City/State and Zip Code bcs@businesscontrolservice.net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Hanrah Boyd at (386) 760-5454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{S60.00 Filing Fee}\$. \$\text{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

Valerie B	uchanan	UC
(Name of the Limited I	iability Company as it now appears of lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>U8000161</u>		7/3/18 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	LLC	
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o address here:	ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer 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	Valerie Buchana	.n 329 Bayberry Lakes Daytona Beach, FL 32	Blvdo Add
	Change to	Daytona Beach, FL 32	124 Remove
	vaceric 10101		Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change

, ii ailli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(ll'an eff <u>Note:</u>	ive date, if other than the date of filing: C1 20 18 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the red b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 30. 209. Mulinie Justine Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Valerie Toica Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00