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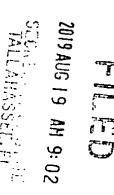
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AUG 27 2019 C Kinse,

COVER LETTER

ΓO: Registration Se Division of Cor			J
SUBJECT:	VALO	3AL LLC	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mar	GIC VICTO Name of Person	
	VGL	OBAL LLC. Firm/Company	
	11754	Barletta Driv	ie
	Orlan	10 FL 3282 City/State and Zip Code)
		City/State and Zip Code Code The Live Code Code The Live Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information c	oncerning this matter, please ca	all:	
Margie V	leva f Person	at (<u>407</u>) <u>800</u> Area Code Daytim	0 - 3934 Te 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)
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

VGI DALI

(Norm of the Limited Liability Compa	nume it now appears on our reports)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800171381</u> This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
The field flame flow of an inguismant and contain the words.	- ·
Enter new principal offices address, if applicable:	1450 Sand Lake Rd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 135
`	Orlando fl 32869 5
Enter new mailing address, if applicable:	T. Trees
(Mailing address MAY BE A POST OFFICE BOX)	(c) >> (b)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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 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.

Cinv

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 acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			🗆 Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			□ Remove
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ffect	ive date, if other than the date of filing:
<u> Vote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locun	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier $lpha$
The	90th day after the record is filed.
Dated	August 14 2019
	Signature of a member or authorized representative of a member
	- /
	<u> </u>

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

Page 3 of 3

Filing Fee: \$25.00