## 118000192866

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### **COVER LETTER**

EUD IECT.	V.	ALOR REALTY SERVICES	LLC	
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed Arti	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all c	correspor	dence concerning this matter	to the following:	
			RAUL FERNANDEZ	
			Name of Person	<del></del>
		1731 SNAPPER STREET	Firm/Company	
		SAINT CLOUD FLORIDA	Address	<del></del>
		RFERNANDEZ01@GMAI	City/State and Zip Code L.COM	
		E-mail address: (	to be used for future annual report no	tification)
For further inform	nation co	ncerning this matter, please ca	all:	
RAUL FERNAN	DEZ		407 668-2448	
-	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a che	ck for the	e following amount:		
■ \$25.00 Filing	g 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

TO:

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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALOR REALTY SERV	VICES LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears of ity Company)	on our records.)		_
The Articles of Organization for this Limited Liability Company wer Florida document numberL18000192866	e filed on	08/13/2018	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here	<b>:</b>		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the desi	gnation "LLC" or the	he abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
multing address MAT BE ATOST OFFICE BOA				<u>-</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	our records, <u>en</u>	iter the nam	ne of the
				= 77
Name of New Registered Agent:	<del></del>	_		)
New Registered Office Address:			·	. 17
<del></del>	Enter Florid	a street address	<u> </u>	J
		, Florida		
	City		Zip Ca	ode

#### 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 to 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA FERNANDEZ	1731 SNAPPER STREET SAINT CLOUD FLORIDA 34771	
			■ Remove
			Change
	- <u>-</u>		
			Remove
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<del>-</del> <del>-</del> -			
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			Change

Effective date, if other than the date of filing:	_ (optional)
f 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
Note: If the date inserted in this block does not meet the applicable st locument's effective date on the Department of State's records.	attutory tiling requirements, this date will not be listed as
, , , , , , , , , , , , , , , , , , ,	7. s
the record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
	81 R
Dated	P
	PH 6
(Naul-Terrende	
Signature of a member or authorized i	representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00