(Requestor's Name)	
(Address)	700333788557
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/06/1901002005 **360.00
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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Office Use Only	
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TO: Registration Section Division of Corporations

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Division of Corpora

SUBJECT: WALUEZ 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:

ZEDINGER, BERNHARD

	Name of Person	—		
	WALUEZ LLC			
	Firm Company			
	2880W OAKLAND PARK BLVD, SUITE 118	t. 	0.3	
	Address OAKLAND PARK, FL 33311		2019 SEP	
	City/State and Zip Code INFO@US.OFFICE201.NET	(; ;;	ا س	
	E-mail address: (to be used for future annual report notification)		hid	
For further information co	oncerning this matter, please call:	1	မှု	
RICHARD BERTOSSA	507 4910380 at (2.4	C) ch	
Name of		nber		

Enclosed is a check for the 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

The Articles of Organization for this Limited Liability Company were filed on 08/28/2018			
C	and ass	igned	
Florida document number L18000206195			
This amendment is submitted to amend the following:		- 9	
A. If amending name, enter the new name of the limited liability company here:		SEP	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.		-1
Enter new principal offices address, if applicable:			0
(Principal office address MUST BE A STREET ADDRESS)		- <u>-</u>	
		<i>ω</i>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered office address on our records, <u>eregistered agent and/or the new registered office address here</u> :	nter the name	of the ne	211

Name of New Registered Agent:	CORPORATIONS SERVICES & REGISTERED AGENTS		
New Registered Office Address:	2398 COMMERCIAL WAY, SU Enter Fl	UTTE 224 orida street address	
	SPRING HILL		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			Add
			C Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEP 03	2019	
Mum	MA STATE	
RICHARD BIRT	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	



Filing Fee: \$25.00