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(Requestor's N	lame)
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PICK-UP WA	MAIL MAIL
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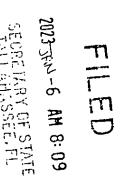
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COVER LETTER

TO: Registration So Division of Cor			,
SUBJECT: <u>Val</u>	Name of Limit	ed Liability Company	wayle (
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	2
Please return all correspo	ondence concerning this matter to	o the following:	
	Altrena.	Tohnson Name of Person	
	Value Tr	ans Dort Dri	ve away LLC
	規 1245 CV	eek AVC Address	
	Trenator	City/State and Zip Code Sov 62 (D) JV be used for future analyst report	2825 Theo. Com
For further information ç	oncerning this matter, please cal	H:	
Altrenci	Johnson f Person	at (<u>407</u>) <u>67</u> Area Code Da	4 - 1639 Oytime Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 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

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Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Flori	da Limited Liability Company)	on out records.)	
The Articles of Organization for this Limited Liability Florida document number $_L$ 1800230(Company were filed onの	27/2018	and assigned
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "L.C." or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered new registered.			
1.		-	riation "L.L.C."
Enter new principal offices address, if applicable:		•	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF TALL AHASSI	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our reco	ords, enter the name of	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	ı 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 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 ¹
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NO Mange	□Add
			□Remove
			□Add
			□Remove
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Note: If	date, if other than the date of filing:
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Altrena Janson Trend or printed purpos of singles.
	Altrena Janson Typed or printed name of signee