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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
(Bu	siness Entity Nan	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	



01/31/19--01017--023 **25.00

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FEB 1 1 2019

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COVER LETTER

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TO:	Registration Section	
	Division of Corporations	
SUBJE	Fedura Via	cky Valder LLC
	Name of	Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

alder Ider LLC Firm/Company 501 lono Address

For further information concerning this matter, please call:

at $(\underline{17}, \underline{17}, \underline{1$ e7 Name of Person

Enclosed is a check for the following amount:

🎸 \$25.00 Filing Fee

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□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

@ GMa

\$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 A TO					
ARTICLES OF ORGANIZATION					
OF Fedova Vicky (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	Valder LLC (Arit now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company w Florida document number <u></u>	were filed on 1029118 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability $Fedova Valde2 LLC$ The new name must be distinguishable and contain the words "Limited Liability	·				
Enter new principal offices address, if applicable:	1501 SUL Fresno RD,				
(Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie, FL 34953				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
	် မ <u>ပ</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
_	. Florida				
	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

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

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
			□ ʌdd
			Change
			🖸 Add
			Change
		<u> </u>	D ∧dd
			🗆 Remove
			Add
			C Remove
			Change
			🖸 Add
			Change
			Add
			Change

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.

1/19/19 Dated _____ ignature of a member or authorized representative of a member Fedora Valdez Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00