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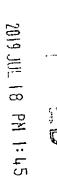
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JUL 2 6 2019

COVER LETTER

Division of Corporations eVALENZUELA ARMIJO PROPERTIES, LLC SUBJECT: 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: ROSA ESTELA MORALES Name of Person AXIOM ACCOUNTING, PA Firm/Company 4951 TAMIAMI TRAIL NORTH SUITE 103 Address NAPLES, FL 34103 City/State and Zip Code ESTELAMORALES07@COMCAST.NEY E-mail address (to be used for future annual report notification) For further information concerning this matter, please call; ROSA ESTELA MORALES 239 239-777-2943 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30 00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

eVALENZUELA ARMIJO PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 JUL 18 PA 1:45 The Articles of Organization for this Limited Liability Company were filed on $\frac{12710/2018}{12}$ and assigned Florida document number L18000283276 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VALENZUELA ARMIJO PROPERTIES, ELC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida _ 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u> JORGE E. VALENZUELA	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00