· L19000026628

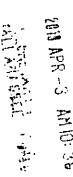
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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PER JULIANS

COVER LETTER

ΓΟ: Registration So Division of Cor			
SUBJECT:	VALL LL	ited Liability Company	THE PROPERTY OF
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	15.41
Please return all correspo	ondence concerning this matter	to the following:	
	Mig	Name of Person	
		Firm/Company	
	6852 tik	OUROH DR Address	
	Boca RA	FL 334. City/State and Zip Code Jall @ Hotmail.c. to be used for future annual report notific	33 on cation)
For further information c	oncerning this matter, please ca	all:	
Miguel A Name o	U All f Person		O657 Telephone Number
Enclosed is a check for the	ne 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	•	10 to
Vall LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) biliny Company)	7
The Articles of Organization for this Limited Liability Company w	vere filed on 3/27/2019	and assigned
Florida document number <u>L 1900026628</u> .	·	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili-	ty company here:	
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 registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new
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.

Z_{City}

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Name <u>Address</u> Type of Action Migual A VAII □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,
· · ·

——/———————————————————————————————————
<i></i>
E. Effective date, if other than the date of filing:
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 $\frac{3/27}{2019}$.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00