

L190000 56210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

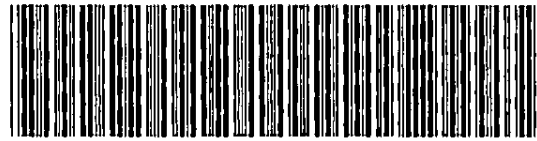
(Business Entity Name)

(Document Number)

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2019 MAR 20 PM 6:13

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN
MAR 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNION. VALADEZ & ANGELEZ 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:

CLARA VALADEZ

Name of Person

UNION VALADEZ & ANGELEZ LLC

Firm/Company

1531 DREXEL RD LOT 303

Address

WEST PALM BEACH FLORIDA 33417

City/State and Zip Code

UNIONVALADEZANGELES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

LARA VALADEZ

561 318-9658

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

used 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**

FILED

2019 MAR 20 PM 6:13

UNION. VALADEZ & ANGELES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DEPT. OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/26/2019 and assigned
Florida document number L19000056210.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNION VALADEZ & ANGELES LLC

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)

CLARA VALADEZ

1531 DREXEL RD LOT 303

WEST PALM BEACH FL 33417

Enter 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 agent and/or the new registered office address here:

Name of New Registered Agent:

CLARA VALADEZ

New Registered Office Address:

1531 DREXEL RD LOT 303

Enter Florida street address

WEST PALM BEACH

City

Florida 33417

Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I 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
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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.*

Clara Valadez
If Changing Registered Agent, Signature of New Registered Agent

11 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>	<u>Address</u>	<u>Type of Action</u>
AMRG	CLARA VALADEZ	1531 DREXEL RD LOT 303 WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE TAKE OUT THE COMMA AFTER UNION AND ADD CLARA VALADEZ AS PERSON AUTHORIZED TO MANAGE THE LLC.

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

ted March 12, 2019

clarei voladez

Signature of a member or authorized representative of a member

claro valdez

Typed or printed name of signee