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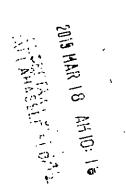
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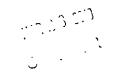
Office Use Only



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COVER LETTER

Valenzuela UBJECT:	&Son LLC		
OBJEC1	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	War.
ease return all correspo	ondence concerning this matter	to the following:	
	Martha Valenzuela		\$** <u>*</u>
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Valenzuela & Son LLC		
		Firm/Company	
	50 El Verano Ave		
		Address	
	Arcadia florida 34266		
	c.valenz69@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
or further information o	oncerning this matter, please ca	all:	
Tarlos Valenzuela		863 244-8935	
Name c	d Person		Telephone Number
Enclosed is a check for t	he 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

Valenzuela & Son LLC

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

The state of the s

The Articles of Organization for this Limited Liability Company were filed on 02 28 2019 Florida document number $\frac{1.19000058175}{1.19000058175}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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 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 City 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carlos Valenzuela	50 El Verano Ave Arcadia fl	■ Add
<u>MINDIC</u>			
			Remove
			Change
			
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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effective da <u>e:</u> If the d	e, if other than the te is listed, the date in this fective date on the	nust be specific and block does not m	cannot be prior t neet the applica	o date of filing or i ble statutory fili	nore than 90 day	(optional) s after filing.) Purse s, this date will r	aant to 605.02 iot be listed :
record sp he 90th	pecifies a delay day after the re	ed effective decord is filed.	ate, but not	an effective	time, at 12:	:01 a.m. on tl	ne earlier
ed <u>3</u>	8-15-	,	2019		C		
<u></u>		Carlly Signature of a n	nember or autho	rized representativ	e of a member		<u>-</u> _
		Martho		Valenz d name of signee			

Page 3 of 3

Filing Fee: \$25.00