L19000122952

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COVER LETTER

	Registration Division of 0	i Section Corporations		
CHD IE		DIVING SERVICES, LLC		•
SUBJEC	.1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corre	spondence concerning this matter	to the following:	
		ERIK T. SILEVITCH, ESO	Q.	
			Name of Person	
		LEGAL ADVOCATES, P	LLC	
			Firm/Company	.
		2424 N. FEDERAL HIGH	WAY, SUITE 411	
			Address	
		BOCA RATON, FL 33431		
		ERIK@INYOURINTERES		
For furth	er informatio	e-mail address: (on concerning this matter, please c	to be used for future annual report noti all:	ilication)
ERIK T.	SILEVITCI	I. ESQ.	561 666-3443	
Name of Person		ne of Person	at () Area Code Daytim	ne Telephone Number
Enclosed	l is a check fo	or the following amount:		
≡ \$25.6	00 Filing Fee	E □ \$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 Add Registration Division o P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GABE'S DIVING SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 6, 2019 and assigned Florida document number _____L19000122952 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VALENTINE LOGISTICS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1600 SE 15TH STREET Enter new principal offices address, if applicable: APT, 515 (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FL 33316 1600 SE 15TH STREET Enter new mailing address, if applicable: APT, 515 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FL 33316 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

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.

City

, Florida

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>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becoment's effective date on the I	llock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (r filing requirements, this date will not be listed as t
record specifies a delayed effecti Lis filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ated	2021	

Typed or printed name of signee