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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F41	Addrace:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALLADARES BALANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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08/06/2019 01:33PM 3052640109

ALPHA Accounting

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALLADARES BALANCE SERVICES, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability	is it now movemen on our records.)
The Articles of Organization for this Limited Liability Company were	re filed on 05/15/2019 and assigned
Florida document number L19000131108	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability C	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:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
-	
R. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Flori ia
	Cio: Zip Code

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 timited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of low Registered Agent

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LAZARUS CORPORATE

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALIDA BALANCE	9219 SW 227TH ST UNT 3	
		CUTLER BAY, FL 33190	
			□ Remove
			Change
			D Add
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			☐ Change
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			Remove
			Change

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20/07/2010		
08/06/2019 fective date, if other than the date of filing:	(optional)	
fective date, if other than the date of filing: m effective data is listed, the date must be specific and cannot be prior to date of filing or mo ster. If the date inserted in this blook does not meet the applicable statutory filing	re than 90 days after filing.) Pursuen requirements, this liste will not	, ໝ 605. be liste
ster if the date inserted in this blook abes not thee the applicable states? Since the applicable states?		
record specifies a delayed effective date, but not an effective ti	me, at 12:01 a m. on the	earile
The 90th day after the record is filed.		
04/04/10		
nted		
Y Elixander VALLADATES		
Signature of a member or authorized representative	of a member	
ELIXANDER VALLADARES QUINTANA		

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Filing Fee: \$25.00