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(Requestor's Name)
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		N GROUP, LLC		
SOBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		CARLOS MIGUEL J DAG	) DONZELLA	
			Name of Person	<del> </del>
		9391 NW 13TH ST	FirmvCompany	
		DORAL, FL 33172	Address	
		MABROBUSINESSCONS  E-mail address: ()	City/State and Zip Code ULTING@GMAIL.COM to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please co	•	
CARLOS	MIGUEL J DA	AO DONZELLA	561 927-6730	
	Name of	f Person		: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
	MAILI	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALYRIAN GROUP, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000163413	y were filed on 07/02/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		SSSS E
(Mailing address MAY BE A POST OFFICE BOX)		10: 57
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
· <del>····</del>	City	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MERCEDES SOTO DOMINGUEZ	9391 NW 13TH ST DORAL, FL 33172	<b>_</b> Add
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		57
(If an e Note	tive date, if other than the date of filing:	to 605.0207 (3)( be listed as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the $\epsilon$ 90th day after the record is filed.	earlier of:
Dated	1 11/14 2019	
	Signature of a member or authorized representative of a member	
	CARLOS MIGUEL J DAO DONZELLA	

Page 3 of 3

Filing Fee: \$25.00