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(F	Requestor's Name)	
	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
	Document Number)	
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COVER LETTER

SUBJECT:	ision of Cor VALOTAS	BUSINESS LLC		
OBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BERTILLA PIZZAIA		
		-	Name of Person	·
		175 SW 7 ST SUITE 2110	Firm/Company	
		MIAMI FL 33130	Address	
		LORELVY@477REALTY		
Eng Greeken is	itimation a	E-mail address; (oncerning this matter, please ca	to be used for future annual report notif	ication)
BERILLA P		oncerning this matter, piease ea	305 629-8191	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	31311	ING ANNOTES.	STDEETICOUDU	CD ANNDECC.

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Registration Section

TO:

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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALOTAS BUSINESS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on 06/28/2019	and assigned
lorida document number VALOTAS BUSINESS LLC		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
he new name must be distinguishable and contain the words "Limited L	dability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>		
	- N	
		17.1 SE 19.1
Inter new mailing address, if applicable:	<u>.</u>	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered		
egistered agent and/or the new registered office address	nere:	<u> </u>
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	<u>Name</u>	Address	Type of Action
MGR	STEFANIA VALOTA	175 SW 7 ST SUITE 2110 MIAMI FL 33130	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			
			Remove
			□ Change
			□ Add
			☐ Remove
		-	☐ Change
	·*		Add
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iote:	or/17/2019 we date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Putsuant to 605.01 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90th day after the record is filed.
ated _	ULY 17 2019
	Signature of a member or antitorized representative of a member
	Bertilla Przaia

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Filing Fee: \$25.00