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(Requ	uestor's Name)	
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2019 SEP 30 PH 6: 07



COVER LETTER

VALPAS P SUBJECT:	ARTS & SERVICES, LLC		
	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:	
	JOSE ANTONIO VALLA	DARES	
		Name of Person	······································
		Firm/Company	
	13248 SW 143 TERRACE		
		Address	
	MIAMI, FL 33186		
	PASCUALLIZET@HOTM	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
JOSE ANTONIO VALL	ADARES	786 296-9383	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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:

TO:

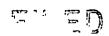
Registration Section Division of Corporations

> 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



VALPAS PARTS & SERVICES, LLC

2019 SEP 30 PH 6: 07

(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 Compa	any were filed on $\frac{08-29-2019}{1}$	and assigned
Florida document number L19000220998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	
7 3		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	·	гар сом
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my dui as provided for in Chaptei	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	JOSE ANTONIO VALLADARES	13248 SW 143 TERRACE. MIAMI FL 33186	Add
			Remove
			🗏 Change
AMBR	LIZET PASCUAL	13248 SW 143 TERRACE. MIAMI, FL 33186	Add
			☐ Remove
			
			☐ Remove
			□ Change
		Add	
			Remove
			□ Change
			Add
			☐ Remove
			Change
		-	
			Remove
			Change

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- 18- 18			
			
Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable s	(optional) c of filing or more than 90 days after tiling.) Pure tatutory filing requirements, this date will	mant to 605,0207 (not be listed as t
the record specifies a delayed) The 90th day after the reco		effective time, at 12:01 a.m. on t	he earlier of:
Dated SEPTEMBER 26	2019		
- -	Signature of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00