## L19000 235 527

(Re	equestor's Name)	<del></del>
(Ac	idress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	Valiant Perform	nance Training LLC ted Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for tiling.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Rovina	Valentiae Name of Person	<del></del>
		Performance Traing	
	2510 G	CCNUILLOW Drive	
		FL 32825 City/State and Zip Code	
	E-mail address: (i	Jalentine @ gmail- Co o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Rusena Ja Name o	ilentine of Person	at ( <u>GD4)</u> <u>(299 -</u> Area Code Daytime	구유용 Telephone Number
Enclosed is a check for t	he 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:

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

(Name of the Limited Liab	illity Company as it now appeared Limited Liability Company)	rs on our records:)	F*12:54
The Articles of Organization for this Limited Liability			
Florida document number <u>L1-700023555</u>	<u></u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company b	e <u>re</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the o	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	10-4-14-1-4-15-11-11-11-11-11-11-11-11-11-11-11-11-		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)		<del></del>
	<del> </del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ı our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	Zip Code
	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
AHBR	Edwin A. Valentine J.	2510 Greenwillow D	Add
		Oulando FL 32825	Remove
	•		Change
MGR	Rusena Valentine	2510 Gramillon D	🖫 Ádd
		Orlando Fi 32825	☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
	<del> </del>		Add
			Remove
			□ Change

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lf an effect <u>Note:</u> If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of:
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Page 3 of 3

Filing Fee: \$25.00