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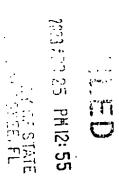
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| Special Instructions to Filing Officer  |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

| Division of Cor                | porations                                       |   |   |
|--------------------------------|---|---|---|
|                                | VALFER IMPOR                                    | RTS AND DISTRIBUTION LLC  | •   |
| SUBJECT:                       | Name of Limi                                    | ited Liability Company  |   |
| The enclosed Articles of .     | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
|                                | ndence concerning this matter                   |   |   |
|                                |   |   |   |
|                                |   | MARTHA OTALORA  |   |
|                                |   | Name of Person  |   |
|                                | МО  | ACCOUNTING SERVICES CO  | DRP   |
|                                |   | Firm Company  |   |
|                                | 175 FO  | NTAINEBLEAU BLVD SUITE  | . 1-G2  |
|                                |   | Address   |   |
|                                |   | MIAMI, FLORIDA 33172  |   |
|                                |   | City/State and Zip Code   | <del></del>   |
|                                |   | nfo@moaccountingservices.com  |   |
|                                | E-mail address: (                               | to be used for future annual report no                              | otification)  |
| For further information c      | oncerning this matter, please c                 | aff:  |   |
| MARTHA OTALORA                 |   | 786 495-3332<br>at ()   |   |
| Name o                         | f Person  | Area Code Dayti   | ime Telephone Number  |
| Enclosed is a check for the    | ne following amount:                            |   |   |
|                                | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S |   | Street Address:<br>Registration S                                   | Section   |
| Division of C                  | Corporations:                                   | Division of C   | - ·   |
| P.O. Box 632                   |   | The Centre of   |   |
| Tallahassee, l                 | FL 32314  | 2415 N. Mon   | roe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | ility Company as it now appears                                  |   | <del></del>        |
|---|--|---|--------------------|
| (A Flori  | ility Company as it now appears<br>da Limited Liability Company) |   |                    |
| The Articles of Organization for this Limited Liability   | Company were filed on  | 09/25/2019                              | and assigned       |
| Florida document number   | ·  |   |                    |
| This amendment is submitted to amend the following:   |  |   |                    |
| A. If amending name, enter the new name of the li   | mited liability company her                                      | <u>·e</u> :                             |                    |
| VALFER SERVICES LLC   |  |   |                    |
| The new name must be distinguishable and contain the words "L   | imited Liability Company," the de                                | signation "LLC" or the abbi             | reviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |   | 다음<br>(1)          |
| Principal office address MUST BE A STREET ADI   | ORESS) N/A   | <u> </u>                                |                    |
|   |  |   | 20 U.S.            |
| Enter new mailing address, if applicable:   | N/A  | A ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( | 5 PH               |
| Mailing address MAY BE A POST OFFICE BOX)   |  |   | — <u>25</u>        |
| Bruning address SIAT BE A LOST OF FICE BOX  | <del></del>  |   | <u>က</u><br>က      |
| <ol> <li>If amending the registered agent and/or register<br/>gent and/or the new registered office address here</li> </ol> |  | cords, <u>enter the name</u>            | of the new regis   |
| Name of New Registered Agent: N/A   |  |   |                    |
| New Registered Office Address:  |  |   |                    |
|   | Enter Floria   | la street address                       |                    |
| <u>-</u>  |  | Florida                                 |                    |
|   | 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 | <u>Address</u> | Type of Action |
|--------------|------|----------------|----------------|
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| N/A                           |   |                    | <del></del>                                       |                     |                     |                                |
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|                               |   |                    | 02/01/20  | าว                  |                     |                                |
| Effective                     | date, if other than the<br>we date is listed, the date must | date of filing:    |   |                     | optiona) <u> </u>   | l)<br>vi ) Puscuant to 605 020 |
| Note: If the                  | he date inserted in this blo                                | ock does not meet  | the applicable s                                  | tatutory filing req | puirements, this da | te will not be listed a        |
| document'                     | 's effective date on the De                                 | partment of State' | s records.  |                     |                     |                                |
|                               |   |                    | ec .: ·   | 1501                | <b>Y</b> 6.45       |                                |
| me record sp<br>ord is filed. | secifies a delayed effective                                | date, but not an e | frective time, at                                 | : 12:01 a.m. on in  | ie carlier of: (b)  | The 90th day after the         |
|                               |   |                    |   |                     |                     |                                |
| Dated                         | April   |                    | )23   |                     |                     |                                |
|                               |   | 1.At               | uuullel   | 1                   |                     |                                |
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|                               |   |                    |   | nonesentative of a  | member              | <u> </u>                       |
|                               |   |                    |   | representative of a | member              | <del></del>                    |

Filing Fee: \$25.00