## L20000312610

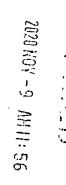
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## **COVER LETTER**

Division of Cor	porations	·
Valstar Rea	ilty LLC.	•
SUBJECT:		ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	Teresa Valdes	
		Name of Person
	Valstar Realty LLC.	
		Firm/Company
	5278 Major Blvd. Ste. 506	
	·····	Address
	Orlando, FL 32819	
		City/State and Zip Code
	valteam@live.com	
		to be used for future annual report notification)
For further information of	oncerning this matter, please co	811:
Teresa Valdes		407 925-1567 at ()
Name o	f Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section
Registration : Division of C		Division of Corporations
P.O. Box 632		The Centre of Tallahassee

P.O. Box 6327 Tallahassee. FL 32314

**Registration Section** 

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valstar Realty LLC.		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records limited Liability Company)	(1
The Articles of Organization for this Limited Liability Co	mpany were filed on 10/05/2020	and assigned
lorida document number L20000312610	-	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		020
		1. TO WO W
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
running suures. Mitt. De M. Oos Ottiee Dong		-1-
		vi
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	S)
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	C-17	- mp - c-ma

## 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
MBR	Pedro Valdes	5728 Major Blvd. Ste. 506 Orlando, FL. 32819	□ Add
			Remove
			□Change
			□Add
			□Remove
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ective date, if other than the	date of filing:	(optional)	
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to date of fili ock does not meet the applicable statuto	ing or more than 90 days after filing.) Pur ory filing requirements, this date will	suant to 605.02 not be listed:
cument's effective date on the De	partment of State's records.		
	- Jacobson and an official time of 1200	U.a.m. on the earlier of the The 90	th day after th
is filed.	e date, but not an effective time, at 12:0	1 a,th. of the eartier of (b) The 90	ui gay aitei ui
	0.54 a		
11/6/2020			
ted 11/6/2020	9:54 a.m.		
led	Signature of a member or authorized representation		

Filing Fee: \$25.00