## L20000354245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: 50	alor Valor	ar LLiC:	.,
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	imendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Lauver	Name of Person	
		Valour LLC Firm/Company	
		, ,	
	916 Garebo	Civ Apt 2210 Address	
		1 Dourne, FL 32 City/State and Zip Code	9001
		(alour @ outlook:	
For further information co	oncerning this matter, please ca	11:	
Lauren	Newell	at (904) 589 Area Code Daytim	4792 e Telephone Number
Name of	Person .	Area Code Dayuni	e receptione stantes
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	(D\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632	7	The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Company were filed on 11-09-2020	nd assigned
11-09-2020	nd assigned
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of tlagent and/or the new registered office address here</u> :	Bonew registered
Name of New Registered Agent:	1.1
New Registered Office Address:	置じ
Enter Florida street address .	MH:13
	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 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
AMBR	Lauren Newell	916 Gazebo Cir	□Add
		Apt 2210	□Remove
		West Melbourne, FL 329	04 (TChange
AMBR	Julianna Stafford	162 Natalie Cir NE	E∧dd
		Palm Bay, FL 3290-	7 □Remove
	,	<u> </u>	Change
	··		🗆 Add
			□Remove
			□Change
	<del></del>		🗆 Add
			□Remove
			□Change
		<del>.</del>	🗆 Add
			□Remove
		-	□Change
			□ Add
			□Remove
			DChange

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an et Note:	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	L Newell
	Signature of a member or authorized representative of a member
	Lauren Newell .