

K20000363103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

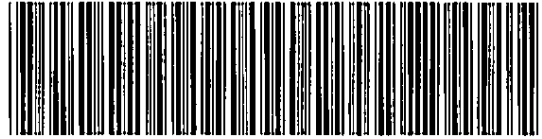
(Document Number)

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FILED  
2022 JUN 22 PM 1:30  
SECRETARY OF STATE  
HALLMARKS OF FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RECORD BUCK FARMS MEDICAL CANNABIS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN V RIVERA

\_\_\_\_\_  
Name of Person

RECORD BUCK FARMS MEDICAL CANNABIS LLC

\_\_\_\_\_  
Firm/Company

22900 N. Buckhill Road

\_\_\_\_\_  
Address

Howey in the Hills, Florida 34737

\_\_\_\_\_  
City/State and Zip Code

JohnVrivera@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN V RIVERA

772

475-3424

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RECORD BUCK FARMS MEDICAL CANNABIS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 JUN 22 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/11/20 and assigned

Florida document number L20000363103.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

VALYRIAN INDUSTRIES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C.,"

Enter new principal offices address, if applicable:

414 N. ST. CLAIR ABRAMS AVENUE

(Principal office address MUST BE A STREET ADDRESS)

TAVARES, FLORIDA 32778

Enter new mailing address, if applicable:

PO BOX 185

(Mailing address MAY BE A POST OFFICE BOX)

TAVARES, FLORIDA 32778

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JOHN V RIVERA

New Registered Office Address:

414 N. ST. CLAIR ABRAMS AVENUE

*Enter Florida street address*

TAVARES, Florida 32778

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN V RIVERA	414 N. ST. CLAIR ABRAMS AVENUE	<input checked="" type="checkbox"/> Add
		TAVARES, FLORIDA 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAYTON P. WILLIAMS	10166 MOSS ROSE WAY	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GLORIA L. AYBAR	1838 LONDON CREST DRIVE #236	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONIO T. DEARMAS	186 OAKMONT COURT	<input checked="" type="checkbox"/> Add
		READING, PENNSYLVANIA 19607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JARVIS D. FINCH	22900 N. Buckhill Road	<input type="checkbox"/> Add
		Howey in the Hills, Florida 34737	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMUEL P. MAHON	22900 N. Buckhill Road	<input type="checkbox"/> Add
		Howey in the Hills, Florida 34737	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MGR JOEL TREJO

22900 N. BUCKHILL ROAD

HOWEY IN THE HILLS, FLORIDA 34737 (REMOVE)

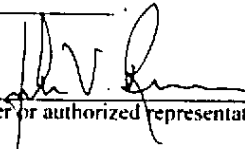
**E. Effective date, if other than the date of filing:** 06/12/22 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 16, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN V RIVERA

\_\_\_\_\_  
Typed or printed name of signee