110000380402

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

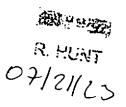
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VALELU LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Story!	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. Fite
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһою Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
	me UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Registration Section
Division of Corporations

TO:

VALELU I SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	ALEX D. SIRULNIK, P.A		
		Name of Person	
	LAW OFFICES OF ALEX	CD. SIRULNIK, P.A.	
	-	Firm/Company	
	2199 PONCE DE LEON E	BLVD. SUITE 301	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
		City/State and Zip Code	
	ADS@SIRULNIKLAW.CO		
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
ALEX D. SIRULNIK		305 4437211	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 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 S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALELU LLC		
(Name of the Limi	ted Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company were filed on 12/04/	2020 and assigned
Florida document number L20000380402	·	
'his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
he new name must be distinguishable and contain the	vords "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	뜅
Principal office address MUST BE A STREI		77.3
Tritipal office dates most BE A STREE		25 2
		(0 757)
		PH OF S
Enter new mailing address, if applicable:		E.S. 3. 0
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	
3. If amending the registered agent and/or gent and/or the new registered office addre		rds, enter the name of the new regist
gent and/or the new registered office addre	as here.	
Name of New Registered Agent:	LUCIANA RESINO	
New Registered Office Address:		
	Enter Florida	street address
		, 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>	<u>Namc</u>	<u>Address</u>	Type of Action
MGR	RICARDO RESINO	8004 NW 154 ST. SUITE 117	⊡Add
		MIAMI LAKES, FL 33016	■Remove
			□Change
MGR	LUCIANA RESINO	8004 NW 154 ST. SUITE 117	≣ ∆dd
		MIAMI LAKES, FL 33016	□Remove
			□Change
	 	<u> </u>	
			∐Remove
			Change
			Remove
			⊕ Change
		 	
		 	□Remove
			☐ Change
			□Add
			□Remove
			□Change

-		
If an effective Note: If the	late, if other than the date of filing:	207 (as (
e record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	2023	
	*	
-		
-	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00