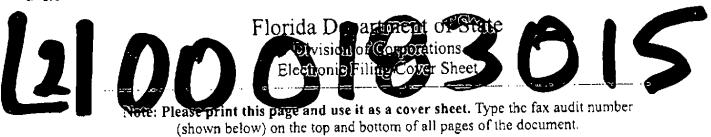
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VALVERDE 5 LLC**

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Tallahassee, FL 32303

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## COVER LETTER

TO:				
		RDE 5 LLC		
SUBJE	СТ:	Name of Limi	ted Liability Company	
Division of Corporations  VALVERDE 5 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:  LAURA KOHN  ARAZOZA & FERNANDEZ-FRAGA P.A.  Firm/Company  2100 SALZEDO STREET, SUTTE 300  Address  CORAL GABLES, FL 33134 USA  City/State and Zip Code  LAURA@ARAZOZA COM  H-mail address: to be used for future annual report notification)  For further information concerning this matter, please cail:  LAURA KOHN  Name of Person  Area Code  The future annual report notification  Name of Person  Area Code  S55.00 Filing Fee & Certificate of Status  Certificate of Status  Registration Section Division of Corporations P.O. Box 6327  The Centre of Yallahassee  P.O. Box 6327  The Centre of Yallahassee  P.O. Box 6327  The Centre of Yallahassee				
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LAURA KOHN		
			Name of Person	202 FAL
		ARAZOZA & FERNAND	EZ-FRAGA P.A.	
		Firm/Company		
		2100 SALZEDO STREET	, SUITE 300	
			Address	pany  Sign Code  Zip Code
		CORAL GABLES, FL 33	134 USA	
			City/State and Zip Code	notification)  26 EXT. 233  whime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy
				cation)
For fur	her information c			,
			305 444-6226	
<del></del>	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
		■ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	Registration Division of C	Section Corporations	Name of Person  DEZ-FRAGA P.A.  Firm/Company  T, SUITE 300  Address  City/State and Zip Code  M  (to be used for future annual report notification)  call:  205  Area Code  Daysime Telephone Number  S50.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
	Tallahassee,			

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VALVERDE 5 LLC	<u></u>	
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	3 on our records.)	-
The Articles of Organization for this Limited Liab	oility Company were filed on	04/27/2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	ere:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our t here:	records, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street oddress	
	- Clari	, Florida _	Zip Code
	City		717. C 000

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.

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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
MGR	DANA MARIA TOHME	2100 SALZEDO ST STE 201	∃Add
		CORAL GABLES, FL 33134	□Remove
			Change
MGR	YASMINE TOHME	2100 SALZEDO ST STE 201	≅∧dd
		CORAL GABLES, FL 33134	□Remove
			Change
			Remove
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	(optional)	605 IP02 i 386
Effective date, if other than the date of fung:  If an effective date is listed, the date must be specific and earned be prior to  Note: If the date inserted in this block does not meet the application.	ible statutory filing requirements, this date will not be	listed as the
document's effective date on the Department of State's records		
the record specifies a delayed effective date, but not an effective lineard is filed.	one, at 12.01 a m, on the earlier of (b). The 90th day is	atter the
Dated AUGUST 4 2021		
Signature of a member or author	prized representative of a member	-
ALAIN FOW	ME, MANAGER	
	ed name of signee	-