

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000342736 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 : (954)475-2634 Fax Number

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

Email Address: CORP DSnydeelawpa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALTCO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEF 25 2025

TO: Registration Section

## **COVER LETTER**

Division of Co	rporations		
VALTCO	, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	f Amendment and fee(s) are sub	_	
	Shawn C. Snyder, es	SQ.	
	<u> </u>	Name of Person	
	SNYDER & SNYDER, P.	Α.	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7931 ORANGE DRIVE	•	
		Address	
	DAVIE, FLORIDA 33328	l .	
	<del></del>	City/State and Zip Code	
	CORP@SNYDERLAWPA	.COM to be used for future annual report not	(Fastion)
For forther information	concerning this matter, please c		meston
	concerning this matter, piease c		
SHAWN C. SNYDER		954 475-1139 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Malling Address Registration of Control Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O4:28:33 p.m. 09-24-2025

IT

2025 SEP 24 PM 2: 07

FALLAHASSEF FLORIO,

VALTCO, LLC

(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 05/13/202	and assigned	
Florida document number L21000223013			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
ALTERNATIVE C&E, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3921 SW 47TH AVEN	UE	
(Principal office address MUST BE A STREET ADDRESS)	STE. 1020		
	DAVIE, FLORIDA 333	14	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·	•	
herahy accent the appointment as registered agent and age	na ta aat in thin aanaait	. I Guehau aana ta aanah wish sha	

## N

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

(((H25000342736 3)))

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change □ Change □ Change
			DAdd Co
			Remove 2
			□ Change
			□Remove
			☐ Change
			□Add
			Remove
			Change
			DAdd
			□ Remove
			Change
<del></del>		···	□Add
			Remove
			□Change

		Ź S	•
····		- F. S.	
			<u>;</u>
		99.	
			•
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
<del></del>			
Effective date, if other than the	date of filing:	(optional)	
If an effective date is listed, the date mus	be specific and cannot be prior to date of fili-	ing or more than 90 days after filing.) Pursuant to 605.0207	(3)(1
Note: If the date inserted in this blo document's effective date on the De	partment of State's records.	ry filing requirements, this date will not be listed as	thc
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day after the	
AUCHETIE	2025		
AUGUST 15			
Dated	,		

Typed or printed name of signee

954

1. 3. 1. 15