121000243401

(Re	questor's Name)	
(Add	dress)	<u>.</u>
(Add	dress)	
(City	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Division of C	Section Corporations		
Cinder I SUBJECT:	ndustries LLC	•	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Donald R. Valverde		
		Name of Person	······
	Valverde Industries Limited	d Liability Company	
		Firm/Company	
	5617 Montana Avenue		
		Address	
	New Port Richey, Florida 3	4652	
		City/State and Zip Code	
	valverdeindustries@icloud.c		
	E-mail address: (ti	o be used for future annual report notif	rication)
For further informatio	n concerning this matter, please ca	di:	
Donald R. Valverde		813 230-3569	
Nam	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 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 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

FILED

2022 JAN 31 PM 12: 12

Cinder Industries LLC		CHARLETARY OF CITE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	SECRETARY OF STATE TALL AHASSES, FU
The Articles of Organization for this Limited Liability Company Florida document number L21000243401	were filed on 05/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Valverde Industries Limited Liability Company		
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5617 MONTANA AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY, FLORIDA	34652
Enter new mailing address, if applicable:	5617 MONTANA AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	NEW PORT RICHEY, FLORIDA 34652	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	- ***
	. Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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>	Name	Address	Type of Action
			🖸 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□ Change

Page 2 of 3

f amending any other informa	tion, enter change(s) here. [.	·	
		<u> </u>	
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable	te of filing or more than 90 days a statutory filing requirements.	ptional) after filing.) Pursuant to 605.0207 (this date will not be listed as t
e record specifies a delayed The 90th day after the rec		n effective time, at 12:0	1 a.m. on the earlier of:
ated	2022		
	Signature of a member or authorize	ed representative of a member	
Donald D. Viliand	-	•	
Donald R. Valverde	Typed or printed no	ann a Cainnas	

Page 3 of 3

Filing Fee: \$25.00