Division of Corporations

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(((H21000295570 3)))



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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.

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALVERDE 8 LLC

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	(COVER LETTER	H21000295570		- ,5
TO: Registration Se Division of Cor					
	RDE 8 LLC				
SUBJECT:	Name of Limi	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:			
	LAURA KOHN			2021 / 1511	يميد
		Name of Person		AUG	
	ARAZOZA & FERNAND	EZ-FRAGA P.A.		بن ي	
	Firm/Company				,
	2100 SALZEDO STREET	SUITE 300		ડ: 03	\ <u>_</u>
	Address				
	CORAL GABLES, FL 33	134 USA			
		City/State and Zip Code			
	LAURA@ARAZOZA.CO	M to be used for future annual report not	ilication)		
For further information (concerning this matter, please of		••••••		
LAURA KOHN		305 444-6226	EXT. 233		
Name o	of Person	Area Code Daysin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (c of Status &	

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 Tallahassec, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VALVERDE 8 LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appear ids Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability		06/16/2021	and assigned
Florida document number L21000282347	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our r	ecords, <u>enter the na</u>	ime of the new registers
igent and/or the new registered office auditess here	! ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida	
	Cirv		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 oddress, I hereby confirm that the limited liability company has been notified in writing of this change.

3054424829

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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>	Name	Address	Type of Action
MGR	DANA MARIA TOHME	2100 SALZEDO ST STE 201	
		CORAL GABLES, FL 33134	□Remove
MGR	YASMINE TOHME	2100 SALZEDO ST STE 201	= Add
		CORAL GABLES, FL 33134	□ Remove
			Change
			DAdd
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cument's effective date on the Department of State's records				
ecord specifies a delayed effective date, but not an effective to	me, at 12 01 a m	on the earlier of. ((b) The unth	day after ti
is filed				
AUGUST 4 2021	 			
		~~		
Signature of a member or auth-	on red representative	of a member		