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(Re	equestor's Name)	
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SECRETARY OF STATE

A. BUTLER MAY - 4 2022

COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and feets) are sub	unitted for filing			
		_			
	Yazmin Arosemena				
		Name of Person			
	Lavita Tax Corp				
		Firm/Company		tering a many a mayam tuga	
Division of Corporations VALTIK LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Yazmin Arosemena Name of Person Lavita Tax Corp Finn/Company 5201 Blue Lagoon Dr Ste 889 Address Miami, FL 33126 City/State and Zip Code sebastiangiraldo44@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: azmin Arosemena 786 5536782 at (
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Yazmin Arosemena				
	Miami, FL 33126				
	· · · · · · · · · · · · · · · · · · ·		1.00		
For further information of			nuat report notif	ication)	
Yazmin Arosemena			5536782		
Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is a check for t	he following amount:				
St \$25.00 Filing Fee		Certified Cop	<u>y</u>	Certificate of Status & Certified Copy	
				tion	
-		-			
		The	Centre of T	allahassee	
Tallahassee,	nl. 52514	241	o in, ivlonroc	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALTIK LLC		
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our rec orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 07/23/2021	and assigned
This amendment is submitted to amend the following	ğ.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registence agent and/or the new registered office address her		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
<u> </u>		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

Title	<u>Name</u>	Address	Type of Action
AMBR	Diego A Aguirre Bustamante	1846 W Thompson St	⊠Add
		Philadelphia, PA 19121	
		Cra 25 10B - 190 Apt 113	
AMBR	Maria C Rubio Giraldo	Medellin, AN 050021 Colombia	
			□Change
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Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	oe specific and cann :k does not meet t	iot be prior the applic	to date of fili able statutor	ng or more tha	i 90 days after t	iling.) Pursuant t	
ne record specifies a delayed effective ord is filed.	date, but not an e	effective ti	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
March 22nd)22	·				
ط <u>ہ</u> ک	stan Giva	1 do F	ena.				
	ionature of a memb	ber or autho	orized represe	entative of a m	ember		
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