## 121000343896

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T. MATTHEWS

NOV - 4 2021

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

VALLEY SUBJECT:	TECH SOLUTIONS LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	FRANCISCO VALLE		
		Name of Person	
	VALLEY TECH SOLUTI	ONS LLC	
		Firm/Company	<del></del>
	3874 TREE TOP DR		
		Address	
	WESTO FL 33332		
		City/State and Zip Code	
	INFO@MORAVELL.CON		
		to be used for future annual report noti	dication)
ror turther information of	concerning this matter, please c	all:	
FRANCISCO VALLE		786 8775771 at ()	
Name (	of Person	Area Code Daytim	te Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VALLEY TECH SOLUTIONS 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 1.21000343896	were filed on 07/29/2021	and assigned
Florida document number 1.21000343896		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records	enter the name of the name mariety
agent and/or the new registered office address here:	daress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street	address
		_, Florida
	Cuy	, Florida

## 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

<u>Title</u>	<u>Name</u>	Address 27 27 11	Type of Action
AMBR	FRANCISCO VALLE	21 COT ZT TO A	<b>-</b>
		WESTON FL 33332	<b></b>
			Thange
AMBR PERLA VALLE	PERLA VALLE	4324 W WHITE WATER AVE	🗀 Add
		WESTON F1, 33332	□Remove
			<b>≘</b> Change
			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
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(lf an eff <u>Note:</u>	ive date, if other than the date of filing:
the recorecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	OCTOBER 21 2021
	Signature of a member or authorized representative of a member
	FRANCISCO VALLE
	Typed or printed name of signee