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COVER LETTER

Division of Cor	rporations			
SUBJECT: Valde	Scapidad LLC Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
	-	Name of Person		
	Ervesto 8450 gate	PKWY W AP+47	<u></u>	
		Address L FL 32216 City/State and Zip Code HO OHO a mail Color future and a control of the control of the color of th		21 S
For further information c	E-mail address: (cation)	1021 SEP 24
ERNESTO VA	des Cardoso Ferson	at (904) 726 Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 F Certificate of S Certified Copy (additional copy is	Status &

TO:

Registration Section

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

Valdescapidad Ll	<u>-</u>					
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appea bility Company)	rs on our records.)			
The Articles of Organization for this Limited Lie Florida document number <u>L 210003</u> 6	; j	aa	nd assiį	gned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company h	ere:			
he new name must be distinguishable and contain the we	ords "Limited Liability	Company," the c	designation "LLC" or the	he abbreviat		C."
nter new principal offices address, if applica	able:			<u> - 글</u> 쓴	202	
Principal office address MUST BE A STREE	T ADDRESS)				SEP	77
				<u> 25</u> 5	2	
				107	A	175
nter new mailing address, if applicable:				<u> </u>		ر _{وس} ور د.
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>				<u>ယ</u>	
3. If amending the registered agent and/or regent and/or the new registered office addres.	s here:		Candoso	name of t	he new	regis
Name of New Registered Agent:	EDMES-10	Valdes	Cercoso	·		
New Registered Office Address:						
		Enter Flo	rida street address			
			, 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 **Type of Action Title** <u>Name</u> **Address** \square Add □Remove □ Change □Add □Remove □ Change □ ÇHange" 石高 \square Add □Remove □Change \square Add \square Remove □ Change \square Add Remove

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