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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALORO CYPRESS OWNER LLC

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Estimated Charge	\$25.00

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				JAN CO LULL

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valoro Cypress Owner LLC		
(Name of the Limited Liabi (A Flore	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 11/16/2021	and assigned
orida document number L21000489022	 .	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
aloro Med Owner LLC		
e new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or register gent and/or the new registered office address here		name of the new regis
Name of New Registered Agent:		- <u> </u>
New Registered Office Address:		
	Enter Florida street address , Florid	10000000000000000000000000000000000000
	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 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>	<u>Address</u>	Type of Action
			Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not i	meet the applica	o date of filing or n ble statutory filin	ore than 90 days aft g requirements, th	tional) er filing.) Persuant to his date will not be	605.0207 (listed as t
e record specifies a delayed effi d is filed.	ective date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	after the
January 24		2022				
nied		·	- ·			
Dated January 24						

Filing Fee: \$25.00