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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*;

Email Address:_____

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

Certificate of Status	0
Certified Copy	. 0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALORO MED OWNER LLC		_
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L21000489022 .	any were filed on 11/16/2021	and assigned
This amendment is submitted to amend the following:		
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 1	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	lice address on our records, enter the	name of the new registers
agent and/or the new registered office address here:	<u></u>	FIL 4R 28
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	H 3 29
	, Florid	a
- 	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:

→ 18506176383

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VALORO CAPITAL LLC	20464 NE 34 CT	
		AVENTURA, FL 33180	■ Remove
MGR	Valoro Med Manager LLC	20464 NE 34 CT	
		AVENTURA, FL 33180	□Remove
			(☐Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
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			[]Change
			□Add
			Remove
			□ Change

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Effective date, if other than the	date of filing:		(option	al)
If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be	prior to date of filing o	r more than 90 days after fil	ing.) Pursuant to 605.0207 are will not be listed as
document's effective date on the De	partment of State's rec	ords.	ing reduce one way	
	e date, but not an effecti	ve time, at 12:01 a.i	m, on the earlier of: (b)	The 90th day after the
ne record specifies a delayed effective				
ne record specifies a delayed effective ord is filed.				
ord is filed.				
ord is filed.	2022	· ·		
ord is filed. Dated March 28	2022			
ord is filed. Dated March 28 LW	Signature of a member or		tive of a member	

Filing Fee: \$25.00