## K21000495185

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T. MATTHEWS MAR 2 2 2022

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	VALROSE I	[NVESTMENT	GROYP LL	. c
	Name of Li	mited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	JAS	ON BUTMAN Name of Person	<u>-</u>	
	VALRWE	INVESTMENT (	GROUP LLC	
		11th AVENUE, 14		
	HIALEAH	FL 33009 City/State and Zip Code		
		E VALRUJE,  (to be used for future annua		
For further information	concerning this matter, please of	call:		
Name	of Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a check for	the following amount:			
Æ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section Corporations		ddress: ation Section n of Corporation	ns
P.O. Box 632 Tallahassee,		The Cer	ntre of Tallahas: . Monroe Street,	see

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A CONTRACTOR

22 HAR 14 PH 2: 19

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>C2/000495/8</u>	ability Company were filed on $\frac{11/12/2021}{85}$ and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	[ADDRESS]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regis</u> tero here:
Name of New Registered Agent:	CARLOS NUDELMAN DISREGARD
New Registered Office Address:	HYSO EAST IN AVENUE  Enter Florida street address
-	Florida 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>	Address	Type of Action
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<u>ite.</u> 11 iii	e date inserted	in this block does no on the Department of	t meet the applic	cable statutory fi	ling requirements, th	is date will not be list	ed as
		on the Department of	, Diate 3 records	<b>'•</b>			
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ted	1 Jon il w	1 March 749	-; <u>1022</u>	<u></u> .			
	Ĺ	March 244 Signature of	1				
-		Signature of	a member or auth	orized representati	ve of a member		
		<i>\( \)</i>	<b>—</b>		MAN		
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Filing Fee: \$25.00