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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Name Change

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COVER LETTER

TO:	Registration Sec Division of Corp		,	•	ľ	<i>;</i>			
SUBJI	ECT: LA	URA VALENTE R	EAL ESI	TATE, LLC					
00133		Name of Li	mited Liability Co	ompany					
The en	iclosed Articles of A	tmendment and fee(s) are su	bmitted for filir	າg.					
Please	return all correspon	dence concerning this matte	r to the following	ng:					
		CHRIS	TO PHER	M HUTCH	IINS		-		
		CHRISTO		HUTCHIA	15 CPA	· LLC	- -		
			Firm/Co	ompany					
		852	0 SW &	36 to cr					
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			City/State an	レ <u>33143</u> nd Zip Code	··		:	DEC	1.41
			•	-				$\overline{\omega}$	- 120
		E-mail address:	(to be used for fi	ture annual report	notification)		71(7)		
For fu	ther information co	ncerning this matter, please	call:					AH II: 43	
CH	IN SCOPHE	L M HUTCHINS	at (3	26 a Code Da	2-810	63	ויז	ω	
	Name of	Person	Are	a Code Da	ytime Teleph	ione Numbo	er		
Enclos	sed is a check for the	e following amount:							
X \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy (all copy is enclosed)	C	Certifie	ate of St	atus &	
	Mailing Address			Street Address					
	Registration Se Division of Co			Registration Division of		ons			
	P.O. Box 6327			The Centre	•				
	Tallahassee, F	L 32314		2415 N. Mo	nroe Stree	et, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number L21000 500 594 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LAURA VALENTE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□Add
			□Remove
			□Change
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
If the record 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	12/9. 2021.
	Signature of a member or authorized representative of a member
	LAULA UNLENTE

Typed or printed name of signee