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(Requestor's Name)
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(Document Number)
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2022 MAY 31 AM 9: 55
SECRETARY OF STATE
TALLAHASSEF ET

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	VALLE	X LLC	
	Name of Lin	X LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	<u>-</u>	
	ALEX	AND ERSON Name of Person	
		Name of Person	
	VALLI	Firm/Company	
		Firm/Company	···
	645	IVES DATRY RD	3-118
		Address	
	MIAM	I ,FL 33179	
		I , FL 33179 City/State and Zip Code	
	AANDER	SON 6 VALLEX LLC.	COM
Don Braken in Ermanni		•	Heation)
	oncerning this matter, please c		
ALEX ANDE	ERSON	at (<u>954</u>) <u>993 -</u> Area Code) <u>Daytim</u>	5587
Name o	f Person	Area Code Daytim	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, I	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

VALLEX 11C	2022 MAY 31 AM 9: 55
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	OTALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/9}{2}$	22 and assigned
Florida document number <u>L220000</u> C 7465	
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 Liability Company," the designation "I	.LC" 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, entagent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ada	ress
	Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act in this capacity. I	further garge to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60, being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	and I am familiar with and 5. F.S. Or. if this document is

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

<u>Title</u>	Name	Address	Type of Action
MGR	VALRUKA HARRIS	5924 SHERTDAN ST.	□ Add
		HOLLYWOOD, FL 33021	□Remove
		#1169	DChange
MGR	ALEX ANDERSON	5924 SHERTDAN ST	□ Add
		140LLYWOOD, FL 33021	□Remove
		140LLYWOOD, FL 33021	De Change
			□Add
			□Remove
			□Change
			□Add
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cument's e	ffective date or	a the Departi	nent of Sta	ate's record	S.	,	,		will not	oc nac	.u ua me
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