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SECRETAINY OF STATE
TALLAHASSEE, FL

COVER LETTER

Div	ision of Co	rporations		
SUBJECT:	760 VALE	NCIA LLC		
		Name of Lin	mited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sui	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	r to the following:	
		OSWALDO PRUNA		
			Name of Person	
		760 VALENCIA LLC		
			Firm/Company	<u> </u>
		301 ALMERIA AVENUE	E SUITE 330	
			Address	
		CORAL GABLES FL 331	134	
			City/State and Zip Code	
		yrojas@mgdevelopermiami		
			to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please c	all:	
YUREIBA R			305 7184575 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 Fi	ling 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 Address:

10:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

760 VALENCIA LLC	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 04/08/2022 and assigned
Florida document number L22000169874	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	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 applical	
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
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 registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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.

Zip Code

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	YUREIBA ROJAS	301 ALMERIA AVENUE SUITE 330	■Add
		CORAL GABLES FL 33134	□ Remove
MGR	PRUNA OSWALDO	301 ALMERIA AVENUE SUITE 330	□ Change
		TOTAL MEMOR SUITE 330	□Add
		CORAL GABLES FL 33134	
			Change
			SECHTIALIAN
			V-I ange MIZ: 23 NHASSEE, FL
			□Remove
			□ Change
			_
			□ Change
			□ Add
			□Remove
			□Change

			<u> </u>		
	-				
					
					
					
					
	 		<u> </u>		
ffective date, if other that an effective date is listed, the da lote: If the date inserted in to ocument's effective date on	te must be specific and his block does not r	d cannot be prior of	to date of filing or mo	(option ore than 90 days after fi requirements, this o	n al) iling.) Pursuant to 605.020 date will not be listed as
	fective date, but not	an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
is filed.					
is filed. OCTOBER 21	,	2022-	<u>.</u>		
			ized representative o	f a member	