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DATE: 7/25/2022

NAME: VALOR RESERVE LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Sect rision of Corpo				
	VALOR RES				
SUBJECT:		Name of Limi	ited Liability Company		-
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Ryan Flake			
			Name of Person		
		VC MANAGEMENT FLO	ORIDA LLC		
			Firm/Company		
		400 CLEVELAND STREE	₹T'		
			Address		
		CLEARWATER, FL 3375	5		
			City/State and Zip Code		
		ryan@valorc.com			_
		E-mail address: (I	to be used for future unnual repo	or nonneation)	
For further it	nformation con	cerning this matter, please or	ıll:		
Ryan Flake			at (144 x300	
	Name of I	erson	Area Code I	Daytime Telephone Num	ber
Enclosed is a	a check for the	following amount:			
■ \$ 25.00 I	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif d) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALOR RESERVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______05/23/2022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 4TH SOUTH VALOR CAPITAL 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 Office Address: Enter Florida street address

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 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 = M $AMBR = A$	anager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			CIAdd
			Remove
			Change
			DAdd
			□Remove
			Change
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Effective date, if other than t if an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	ust be specific an block does not	nd cannot be prior meet the applic	to date of filing o able statutory fi	r more than 90 day:	optional) sufter filing.) Pursuar s, this date will not	nt to 605.0207 be listed as
ne record specifies a delay The 90th day after the r			t an effective	e tlme, at 12:	01 a.m. on the	earlier of
Dated July 14		2022				
			<u> </u>			
16.1-						
Thin	Signature of a	i member or autho	orized representat	ive of a member		