

L22 000 2 683 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

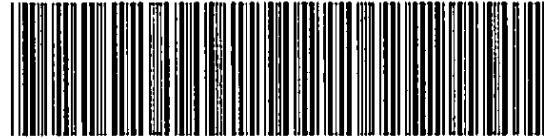
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. RIVERS

JUN - 2 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALYRIAN CANNABIS INDUSTRIES LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN V. RIVERA

Name of Person

VALYRIAN CANNABIS INDUSTRIES LLC.

Firm/Company

8649 A C SKINNER PARKWAY SUITE 615

Address

JACKSONVILLE, FLORIDA 32256

City/State and Zip Code

JOHNV.RIVERA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN V. RIVERA

772

772-475-3424

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO T. DEARMAS	186 OAKMONT COURT	<input type="checkbox"/> Add
		READING PENNSYLVANIA. 19607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAYTON P. WILLIAMS	10166 MOSS ROSE WAY	<input type="checkbox"/> Add
		ORLANDO FLORIDA 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISABEL CHRISTINA PULGAR-P	8649 A C SKINNER PARKWAY	<input type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated 04/12/2023 11/11/2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00