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SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

VALYUM SUBJECT:	LLC	ï		
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FRANKLY V FONG			
		Name of Person		
	VALYUM LLC			
		Firm/Company		
	2100 SW 8 st			
		Address		
	MIAMI FL 33135			
		City/State and Zip Code		
	fvaldesfong[111@gmail.co	om to be used for future annual report noti	tiontis=1	
For further information of	concerning this matter, please c		ilcaren)	
	vincering this matter, preuse e	••••		
		at () Area Code Daytim	e Telephone Number	
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	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 Address		Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALYUM LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 1.22000278980	bility Company were filed on 06/20/2022 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address I	gistered office address on our records, <u>enter the name of the new regist here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	enter r torida street address
	, Florida
	City Zap 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.

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>	Address	Type of Action
MGR	YUNEISY GALVEZ VALENCIA	2100 SW 8th Street	■Add
		MIAMI	Remove
		FL 33135	□Change
			□Add
		<u></u>	Remove
			☐ Change
			□Add
			□Remove
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f an effective da <u>Note:</u> If the d	e, if other than the te is listed, the date mu ate inserted in this b fective date on the D	st be specific ar lock does not	nd cannot be prior to meet the applica	o date of tiling or r	nore than 90 day	(optional) vs after filing.) Pr ts, this date wi	ursuant to 605.0207 Il not be listed as
record specif	ies a delayed effectiv	/e date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier	of: (b) The 9	0th day after the
a med.	CT 10		2022	. 7) ,		
					-li-J	<u>:</u>	
Dated	51 10		a member or author	U	e of a member		

Filing Fee: \$25.00