9/27/22, 1:53 PM

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : ADRIAN TAX SERVICES INC.

Account Number : 120220000042 Phone : (786)370-2432 Fax Number : (305)266-5758

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

vigovigocpa@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALU BROTHERS LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALU BRO	THERS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	08/22/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company he	<u>re</u> ;	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our ro	ecords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	MONICA I	M. DEVOTO SICCO)
New Registered Office Address:	Enter Flor	ida street address	
	City:	, Florida	Zip 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. Thereby confirm that the limited liability company has been notified in writing of this change.

if Changing Registered Agent Signature of New Registered Agent

(((H22000333529 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MONICA M. DEVOTO SICCO	5757 COLLINS AVE, APT 1105	
		MIAMI BEACH, FL 33140	ORemo
AMBR	MARIA V. CANCELA DEVOTO	5757 COLLINS AVE, APT 1105	OChang OAdd
		MIAMI BEACH, FL 33140	O _{Remo}
AMBR	GERARDO J. CANCELA CARBONE	5757 COLLINS AVE, APT 1105	OChang
		MIAMI BEACH, FL 33140	ORemo
			OChang
			O _{Add}
		 	ORemo
			OChang OAdd
,			О
			OChang
			O _{Add}
		<u> </u>	ORemo
			Ochang

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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effection Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER 27TH 2022
	Signature of a member of authorized representative or a member
	MONICA MEDEVOTO SIECO
	Typed or printed apper of signee

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