# Laa000361478

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |





700390192897

2022 DEC -2 AM IQ: 56
SECRETARY CLAUSER ALLAHASSER LA

IA) City C

RECEIVED

## CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

12/02/2022

| D  | ate:12/02/2022   |
|--|--|
|  | Acc#120160000072                                       |
| Name:  | Life Valley Investments, LLC                           |
| Document #:  |  |
| Order #:   | 14657975   |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification: | Country of Destination:  Number of Certs:              |
| Availability  Document Examiner Updater Verifier W.P. Verifier Ref#  | Certified: ☐ Plain: ☑ COGS: ☐ COGS: ☐ Amount: \$ 25.00 |

Thank you!

#### **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

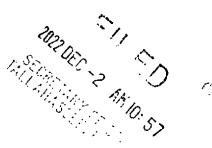
TO:

| Life Valley                    | Investments, LLC                                |   |  |
|--------------------------------|---|---|--|
| 3083ECT:                       | Name of Lim                                     | ited Liability Company  | <del></del>  |
| The enclosed Articles of       | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo     | indence concerning this matter                  | to the following:   |  |
|                                | Osvaldo F. Torres, Esq.                         |   |  |
|                                |   | Name of Person  |  |
|                                | Torres Law, P.A.                                |   |  |
|                                | · · · · · · · · · · · · · · · · · · ·           | Firm/Company  |  |
|                                | 888 Southeast Third Aven                        | uc, Suite 400   |  |
|                                |   | Address   |  |
|                                | Fort Lauderdale, Florida 3                      | 3316  |  |
|                                | -   | City/State and Zip Code   | <del>.</del>   |
|                                | ozzie@torreslaw.net                             | to be used for future annual report no                              | stitientian)   |
| For further information c      | oncerning this matter, please c                 |   | in canal   |
| Osvaldo F. Torres              |   | 754 300-5815  |  |
| Name o                         | f Person  | at ()<br>Area Code ——Dayti  | me Telephone Number  |
| Enclosed is a check for the    | ne following amount:                            |   |  |
| ■ \$25.00 Filing Fee           | ☐ \$30.00 Filing Fee &<br>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 5 |   | Street Address:<br>Registration S                                   | ection   |
| Division of C                  |   | Division of Co  |  |
| P.O. Box 632                   | •   | The Centre of   | •  |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Life Valley Investments, 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 07/28/2022          | and assigned                       |
|---|-----------------------------------|------------------------------------|
| Florida document number L22000367478                                      |                                   |                                    |
| This amendment is submitted to amend the following:                       |                                   |                                    |
| A. If amending name, enter the new name of the limited liab               | ility company here:               |                                    |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "  | LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:                       |                                   | <u></u>                            |
| (Principal office address MUST BE A STREET ADDRESS)                       |                                   |                                    |
|   |                                   |                                    |
| Enter new mailing address, if applicable:                                 |                                   |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)                                |                                   |                                    |
|   | <del>_</del> .                    |                                    |
| B. If amending the registered agent and/or registered office a            | address on our records, <u>en</u> | ter the name of the new registere  |
| agent and/or the new registered office address here:                      |                                   |                                    |
| Name of New Registered Agent:   |                                   |                                    |
|   |                                   |                                    |
| New Registered Office Address:  | Enter Florida street ad           | dress                              |
|   |                                   | . Florida                          |
|   | City                              | . Florida                          |
| New Registered Agent's Signature, if changing Registered Agent:           |                                   |                                    |
| I beroly accent the appointment as registered agent and agr               | ge to act in this capacity.       | I further agree to comply with the |

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 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

| Title        | <u>Name</u>           | <u>Address</u>                   | Type of Action |
|--------------|-----------------------|----------------------------------|----------------|
| 0            | Senol Ibis            | 3505 LAKE LYNDA DRIVE, SUITE 204 | 🗆 Add          |
|              |                       | ORLANDO, FL 32817                | □Remove        |
|              |                       | <u> </u>                         | ■Change        |
| MGR          | Melahat Cigdem Castro | 3505 LAKE LYNDA DRIVE. SUITE 204 | <b>=</b> Add   |
|              |                       | ORLANDO. FL 32817                | Remove         |
|              |                       | <del></del>                      | □Change        |
| <del> </del> |                       | <del> </del>                     | □Add           |
|              |                       |                                  | □Remove        |
|              |                       |                                  | □Change        |
|              |                       | <del> </del>                     | 🗆 Add          |
|              |                       | <del></del>                      | □Remove        |
|              |                       |                                  | □ Change       |
|              |                       |                                  | □ Add          |
|              |                       |                                  | 🗆 Remove       |
|              |                       |                                  | □Change        |
|              |                       |                                  | □Add           |
|              |                       |                                  | □Remove        |
|              |                       |                                  | □Change        |

|  |   |                              |   | _                           |
|--|---|------------------------------|---|-----------------------------|
|  |   |                              |   | _                           |
|  |   |                              |   | _                           |
|  | <del>.</del>  |                              |   | _                           |
|  |   |                              |   | _                           |
|  |   |                              |   | _                           |
|  |   |                              |   |                             |
|  |   |                              |   | _                           |
|  |   |                              | <del></del>   | _                           |
|  |   |                              |   | _                           |
|  |   |                              |   | <u> </u>                    |
|  |   |                              |   | _                           |
|  |   | -                            |   |                             |
|  |   |                              |   | -                           |
| <del></del>  |   |                              | · · · · · · · · · · · · · · · · · · ·   | -                           |
| ····   |   |                              | A   | _                           |
|  |   |                              |   | _                           |
|  |   |                              |   |                             |
|  |   |                              |   | _                           |
|  |   |                              |   | _                           |
| men at the death of the  |   |                              |   |                             |
| Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De | ock does not meet the applica                                 | able statutory filing requir | ( <b>optional</b> ) 90 days after filing.) Pursuant to 60 ements, this date will not be lis | 05.0207 (3)(<br>sted as the |
| he record specifies a delayed effective ord is filed.  | e date, but not an effective tii                              | ne, at 12:01 a.m. on the e   | arlier of: (b) The 90th day aft   | er the                      |
|  | 2022  |                              |   |                             |
| Dated November 30  |   | <del>_</del> -               |   |                             |
| Dated November 30  SEIGLIBSS   | datkoop ver fied<br>12/01/21 12 PM EST<br>8B1-(PMGV-11) S RVE | ·                            |   |                             |

tloop signature verification:  $((p_0, \phi, b), (x^{\bullet, +}), b \in \mathbb{N})$ 

Filing Fee: \$25.00