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COVER LETTER

TO:

Registration Section

Division	of Corporations		
Val-	-1 Hospitality LLC		
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are	submitted for filing.	
Please return all co	correspondence concerning this mat	ter to the following:	
	Steven B. Haffner		
		Name of Person	
	Steven B. Haffner & As	ssociates, PLLC	
		Firm/Company	
	20		
		Address)22 0'
	Farmington Hills, Mich	igan 49334	EC 2
		City/State and Zip Code	2022 DEC 27 PM 2: 31
	dvallone1234@yahoo.co		
For further inform	E-mail addres nation concerning this matter, pleas	is: (to be used for future annual report notifi e call:	$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$
Steven B. Haffner	r	248 932-3500 at ()	
	Name of Person		Telephone Number
Enclosed is a chec	ck 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A Registra	Address: ation Section	Street Address: Registration Sec	tion
_	n of Corporations	Division of Corp	
P.O. Bo	ox 6327	The Centre of Ta	allahassee
Tallahas	ssee, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Val-1 Hospitality, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our record da Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 11/08/2022	and assigned
Florida document number L22000480049	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22 0
Principal office address MUST BE A STREET ADD	RESS)	
		27
		PH
Enter new mailing address, if applicable:		· · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		the name of the new regi
the state of the s		
Name of New Registered Agent:	4.0	
Niggr Davids and Office Address		
New Registered Office Address:	Enter Florida street addres	<u></u>
	FI	orida
	City	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. I hereby confirm that the limited liability company has been notified in writing of this change.

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Delphine Grattan	150 NE 6th Ave., Apt. O. Delray Beach, FL 33483	= Add
			□Remove
			□Change
Р	Delphine Grattan	150 NE 6th Ave., Apt. O. Delray Beach, FL 33483	□Add
			■Remove
			□Change
			70 222
			Add Fig. Remove-
		2 2 2 3 3 3 5 5	Pachange 2: 31Add
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ective date, if other than the					(optional)		
neffective date is listed, the date muster: If the date inserted in this bl	ock does not n	neet the applica					
cument's effective date on the D	epartment of S	State's records.					
ecord specifies a delayed effectives filed.	e date, but not	an effective tir	ne, at 12:01 a.r	n, on the carlie	r of: (b) The	90th day	after the
December 17		2022					
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