

L23000194584

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TINC SOLUTIONS, CORP
Account Number : I20240000130
Phone : (786)690-9016
Fax Number : (305)397-1382

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STATE OF FLORIDA

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

Email Address: Info@tincolutions.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALU USA, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

K. SALY

SEP 19 2024

**TO: Registration Section
Division of Corporations**

SUBJECT: VALU USA, 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:

ANDREW SANCHEZ CASTRILLON
Name of Person

TINC SOLUTIONS, CORP
Firm/Company

5201 WATERFORD DISTRICT DR., SUITE 916
Address

MIAMI, FL 33126
City/State and Zip Code

info@tincolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW SANCHEZ at (+1) 7866909016
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2024 SEP 18 AM 4:13
TALLAHASSEE FLORIDA

VALU USA, 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 04/19/2023 and assigned Florida document number L23000194584.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5201 WATERFORD DISTRICT DR., SUITE 916 MIAMI, FL 33126

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5201 WATERFORD DISTRICT DR., SUITE 916 MIAMI, FL 33126

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TINC SOLUTIONS, CORP

New Registered Office Address:

5201 WATERFORD DISTRICT DR., SUITE 916

Enter Florida street address

MIAMI

City

Florida 33126

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 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

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TALLAHASSEE FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MANRIQUE ANDRADE, JUAN C	990 HISCAYNE BLVD. MIAMI, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MVA GESTIÓN PATRIMONIAL S.A.S	5201 WATERFORD DISTRICT DR., MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	MARIA CLARA RAMIREZ, TOBON	5201 WATERFORD DISTRICT DR., MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	MARIA JOSE MANRIQUE RAMIREZ	5201 WATERFORD DISTRICT DR., MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

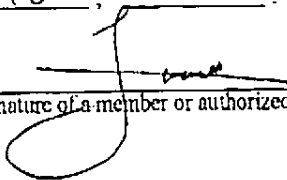
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 18, 2024



 Signature of a member or authorized representative of a member

 Typed or printed name of signee