

L 23000220456

(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:

Office Use Only



000419946330

2024 JAN - 3 PM 2:29
STATE
FLORIDA

RECEIVED
2024 JAN - 3 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
1/3/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/03/24
Order #: 1382760-1
Re: HEDGEBASE.AI QUITMAN GA LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195 Authorization:

Please take the following action:
File in your office on basis
Issue Proof of Filing

REC-11
JAN 03 2024
PM 2:29
ED
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hedgebase.ai Quitman GA 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:

Brian A. Flank

Name of Person

Neuberger, Quinn, Gielen, Rubin & Gibber, P.A.

Firm/Company

One South Street, 27th Floor

Address

Baltimore, Maryland 21202

City/State and Zip Code

BAF@NQGRG.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Reiter

Name of Person

954

at ()

Area Code

650-9378

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

2024-11-13 PM 2:29
STATE
TALLAHASSEE, FL
D

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hedgebase.ai Quitman GA 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 May 3, 2023 and assigned
Florida document number 1.23000220456

This amendment is submitted to amend the following:

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

Valiant Events, LLC

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:

(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 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: Valerie Reiter

New Registered Office Address: _____
Enter Florida street address

_____, Florida
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.

X Valerie Reiter
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin R. Marks	252 SHORE CT	<input type="checkbox"/> Add
		LAUDERDALE-BY-THE-SEA, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valerie Reiter	252 SHORE CT	<input checked="" type="checkbox"/> Add
		LAUDERDALE-BY-THE-SEA, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

- 2004 JUN -3 PM 2:30
OFFICE OF STATE
TASSEE, FL

STATE OF MISSISSIPPI
COUNTY OF HANCOCK

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 11/2 2024

X

John, Robert

Signature of a member or authorized representative of a member

Valerie Reiter

Typed or printed name of signee

Filing Fee: \$25.00