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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
CHID IEZ		LKYRIE, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		STEVEN PARMEE		
			Name of Person	
		AML VALKYRIE, LLC		
			Firm/Company	
		420 S. ORANGE AVE. S	ΓE 220	
			Address	
		ORLANDO FL 32801		
			City/State and Zip Code	
		enelson@sentinelef.com	to be used for future annual report not	ification
For furth	er information	concerning this matter, please c		arcaton)
Caleb N	elson		407 398-6933	
		of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he 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 Addre		Street Address:	
	Registration Division of C		Registration So Division of Co	
	P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AML VALKYRIE, LEC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/12/2023	and assigned
Florida document number 1.23000471093	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Sueblu2, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		201
		; -
Enter new mailing address, if applicable:		<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		ر ِي دع
B. If amending the registered agent and/or registered	l office address on our records, <u>enter th</u>	ie name ofdhe new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
new registered office Address.	Enter Florida street address	
	El	tua
	Flor	1 da 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	

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change

 			
			,
date of filing:		(optional)
st be specific and cannot be prior (to date of filing or me	ore than 90 days after filing	g.) Pursuant to 605,0207
lock does not meet the applica			
	st be specific and cannot be prior (date of filing: st be specific and cannot be prior to date of filing or me	st be specific and cannot be prior to date of filing or more than 90 days after filing

Typed or printed name of signee