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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALHALLA EQUITIES LLC

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Help

T. LEMIEUX NOV 20 2024

COVER LETTER

TO:	Registration Se Division of Cor					
	VALHALL	A EQUITIES LLC				
SUBJEC	SUBJECT: Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Mike Town				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company	······		
		9900 Spectrum Dr				
			Address			
		Austin, TX 78717				
			City/State and Zip Code	-		
		vikingequity18@gmail.com				
		E-mail address: (to be used for future annual report notif	cation)		
For furth	ner information co	oncerning this matter, please ca	all:			
Mike To	own		800 773-0888			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALHALLA EQUITIES LLC			
(<u>Name of the Limited Limbility Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number <u>L24000070902</u> .	any were filed on 02/08/2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	80 Shumate Ln, Fredericksburg, Virginia, 22406		
(Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address by the Name of New Registered Agent: New Registered Office Address:	80 Shumate Lin, Fredericksburg, Virginia, 22406 I office address on our records, enter the name of the new here:		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Age	City Zip Code		
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

To:		Page: !	5 of

2024-11-19 08:20:35 PST

LegalZoom com, Inc

From. Akshay Ai**y**ale

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 .	<u>Address</u>	Type of Action
AMBR	ROSS STADSKLEV	80 Shumate Ln, Fredericksburg, Virginia, 22406	🗆 Add
			□ Remove
			□ Remove
			Change
			□ Remove
			□ Change
			D Add
			Remove
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		 	□ Remove
			Change
			□ Remove
			Change

	Page: 6 of 6	2024-11-19 08:20:35 PST	LegalZoom.com, Inc	From Akshey A
D. If amen	iding any other informat	ion, enter change(s) here: (Attach ad	ditional sheets, if necessary.)	
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(If an effect Note: I	I the date inserted in this blo	date of filing: be specific and cannot be prior to date of filing sick does not meet the applicable statutory partment of State's records.		
If the reco (b) The S	ord specifies a delayed 90th day after the reco	effective date, but not an effective ord is filed.	ve time, at 12:01 a.m. on the	earlier of:
Dated	November 19	2024		
154100 <u></u>	a sh	4/		
	De Alas	He		
		Signature of a member or authorized representa	ative of a member	
	Ross Stadsklev			
		Typed or printed name of signe	ee	

Ta:

Page 3 of 3

Filing Fee: \$25.00