124000120137

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

CHD IPZT.		Services Unlimited LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jeremy Valmyr			
		Name of Person		
	Valmyr Services Unlimite	ed LLC		
		Firm/Company		
	713 NW 14TH Ter, APT	4		
		Address		
	Ft Lauderdale, FL 33311			
	-	City/State and Zip Code		
	valmyrservices@gmail.co	om		
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	ıll:		
Jeremy Va	lmyr	786, 658 -	1087	
Name o	of Person	at (<u>786</u>) <u>658 -</u> Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
	☐ \$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.0 (additional copy) (Enclosed)	CHAPT
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	allahassee Street. Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valmyr Services Unlimited LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L24000120137		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	V.:	enter the name of the new registered
Name of New Registered Agent:	Jeremy Valmyr	
New Registered Office Address:		
	Enter Florida street	address
	City	Florida
New Registered Agent's Signature, if changing I	•	5 Zipi Gode
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my duti stered agent as provided for in Chapter registered office address, I hereby confi	es, and Lam fámilianwith and 605 FS Or 2it this document is
	If Changing Registered Agent, Sign:	ature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeremy Valmyr	713 NW 14TH Ter, APT 4, Fort Lauderdale F	L 333 ■Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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