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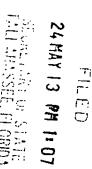
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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

VALLADA	ADEC COLUTIONS LLC		
SUBJECT: VALUADA	ARES SOLUTIONS LLC Name of Lin	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:	
	ARIEL VALLADARES M	MARTINEZ	
		Name of Person	<del></del>
	VALLADARES SOLUTI	<del>~</del>	
		Firm/Company	
	7352 MONTEREY BLVI	Address	
		Address	
	TAMPA FL 33625	City/State and Zip Code	
	arielvalladares@hotmail.co	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
AREIL VALLADARES		at (813 ) 401-1593	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	antion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l			pe Street, Suite 810
i airairassee, i	ا البساب سادا	=7 (J (*, 1410)))(C	A DELCCE DIEE OID

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	npany as it now appears on our record	ds.)
(A Florida Limite	npany as it now appears on our recorded Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Compa	ny were filed on 04/09/2024	and assigned
Florida document number L24000169147		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		一三五
		<u> </u>
		2 B
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ン 
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	N.V
		lorida
	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.

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>	Address	Type of Action
MGR	ERNESTO ALEMAN VALDEZ	8840 AUBURN WAY	
		TAMPA FL	□Remove
		33615	Change
			□Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
		•	□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□Remove
			□ Change

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if an effective da Note: If the c	e, if other than the date on the is listed, the date must be spec- ate inserted in this block doe fective date on the Departme	cific and cannot be prior es not meet the applic	able statutory filing requ	(optional) an 90 days after tiling.) Pursua aircments, this date will no	nt to 605.0207 ( t be listed as t
, ,	ies a delayed effective date, l	but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th o	day after the
e record specii rd is filed.					
	5	2024			
rd is filed.			orized representative of a r	nember	