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lease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section Division of Corporations

VALLEY TRADE GROUP LLC

SUBJECT:

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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:

YULII TARUTIN

Name of Person

VALLEY TRADE GROUP LLC

Firm/Company

1\$800 NE 29TH AVE APT 503

Address

AVENTURA, FL 33180

City/State and Zip Code

YUUILTARUTIN@GMAIL.COM

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

Area Code

786 \_\_\_\_\_

For further information concerning this matter, please call:

YULII TARUTIN

Name of Person

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

658-4941

S60.00 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

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 AUG - 2 AM 4: 13 TALLAHASSEE FLORIDA

VALLEY TRADE GROUP 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 06/18/2024 and assigned

Florida document number L24000275473

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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 BON)

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:		
New Registered Office Address:		
	Enter Florida street address	
		la
	Cig	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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TARUTIN, YULH	18800 NE 29TH AVE APT 503	
		AVENTURA, FL 33180	🖸 Remove
			Change
AMBR	KHARCHENKO, OLEKSANDR	18800 NE 29TH AVE APT 503	🖬 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than t (If an effective date is listed, the date m <u>Note:</u> If the date inserted in this	DIOCK HOES NOT IDEEL (DE	applicable statutory	or more than 90 days at filing requirements.	otional) fler filing.) Pursuant : this date will not b	o 605.0207 (3)(b) e listed as the
document's effective date on the	Department of State's re	cords.			
if the record specifies a delayed effec record is filed.	ive date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day	after the
Dated	2024				
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	fulie Taxidin. Signature of a member o	or authorized representation	tive of a member		_

TARUTIN, YULU

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Typed or printed name of signee