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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divisi	on of Cor	porations			
	VALDES ASSET MANAGEMENT, LLC				
SUBJECT:					
The enclosed A	Articles of	Amendment and rec(s) are sub	mitted for filing.		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Monica Valdes			
			Name of Person		
	VALDES ASSET MANAGEMENT, LLC				
	Firm/Company				
	18430 S.W. 136 COURT				
			Address		
		MIAMI, FL 33177			
	City/State and Zip Code			یے	
		MONICAHDZ92@GMAII	SE E		
		C-mail address: (to be used for future annual report notification)	清智	
For further info	rmation c	oncerning this matter, please co	all:	SECRETARY TO TO	
MONICA VAI	LDES		786 519-5757		
•	Name o	f Parson	Area Code Daytime Telephone Number		
Enclosed is a cl	heck for th	ne following amount:			
□ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing For Certified Copy (additional copy is enclosed) □ \$60.00 Filing For Certificate of Standard Copy is enclosed)	Status &	
Regis	ng Addres stration S	Section	Street Address: Registration Section		
Division of Corporations		orborations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALDES ASSET MANAGEMENT, 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 September 13, 2024 and assigned Florida document number L24000400070 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 BOX) 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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	GEORGE A. VALDES	18430 S.W. 136 COURT MIAMI, FL 33177	= Add
			□Remove
			□Char.gc
			LIAdd
			□Remove
			□Change
			Remove
			Add_
			Remove
			□Change
			□Add
			⊔Remove
			□Change
			□Add
			ПRemove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Monica Valdes

Typed or printed name of signce

Filing Fee: \$25.00