

To:

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2025-04-04 11:03:14 UTC+14

18506176383

From: ZenBusiness User

L25000417207

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H25000123312 3)))



H250001233123ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALPLIX LLC**

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K. SALY

APR - 7 2025

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Corporate Filing Menu

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To:

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2025-04-04 11:03:14 UTC+14
ARTICLES OF AMENDMENT

18506176383

From: ZenBusiness User

TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 APR -4 PM 1:32

ALLAHABAD, FLORIDA

Valplix 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 01/27/2025 and assigned
Florida document number 125000047207.

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 "L.L.C."

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

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Carlos León		☐ Add
		1621 NW 18TH STREET CAPE CORAL, FL 33993	☒ Remove
			☐ Change
AMBR	Carlos Andrés León Vargas	1621 NW 18TH STREET CAPE CORAL, FL 33993	☒ Add
			☐ Remove
			☐ Change
MGR	Carlos Andrés León Vargas	1621 NW 18TH STREET CAPE CORAL, FL 33993	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
CAPE CORAL, FLORIDA

