120000027207

(Requestor's Name)
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COVER LETTER

Divisi	on of Corpo	orations			
Ja UBJECT: _	ade Handma	de Cosmetics LLC			
	•	Name of Lim	ited Liability Company		
The enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return al	I correspond	lence concerning this matter	to the following:		
		Jose C Rovira			
			Name of Person	 	
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				· · -	
			Firm/Company		
		16161 sw 305 terrace			
			Address		·
		Homestead, FL 33033			
			City/State and Zip Code		
		jrovi004@gmail.com			
		E-mail address: ()	to be used for future annual (report notification)
For further info	rmation con	cerning this matter, please ca	all:		
Jose C Rovira			305 878	8-0220	
			at ()	Daytime Telepl	
	Name of F	Person	Area Code	Daytime Telepl	hone Number
Enclosed işa cl	heck for the	following amount:			
■ \$25,00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
34	ar Adduoess		Common Au	1da	

Mailing Address:

0:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade Handmade Cosmetics LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Collorida document number 1.20000027207	ompany were filed on January 21, 2020	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Valle Kitchens LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:		2020 OCT	
(Mailing address MAY BE A POST OFFICE BOX)			1 ,
		19	
		PH	
B. If amending the registered agent and/or registered	office address on our records, enter the name	of the now	registere
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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = ∰Manager .MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
	<u> </u>		□Add
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4			□Change
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October 14	2020		
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ent of State's records.			
out not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
2020			
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re of a member or author	orized representativ	e of a member	
Typed or print	ed name of signee		
	October 14 of filing: reific and cannot be prior es not meet the applic ent of State's records, but not an effective ti 2020	October 14, 2020 Of filing: retific and cannot be prior to date of filing or res not meet the applicable statutory filing ent of State's records. but not an effective time, at 12:01 a.m.	October 14, 2020 Of filing: ciffe and cannot be prior to date of filing or more than 90 days afte es not meet the applicable statutory filing requirements, the ent of State's records. but not an effective time, at 12:01 a.m. on the earlier of: (2020 2020 are of a member or authorized representative of a member

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