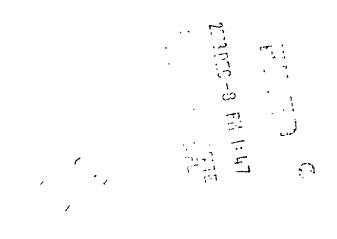
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		
V & K ACA	ADEMY & BEAUTY STUDE	") LLC
SUBJECT:	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	KARINA PARRA DE MO	ONTERO
	****	Name of Person
		Firm/Company
	10887 NW 17TH ST UNI	rr 209
		Addiess
	MIAMI FL 33172	
		City/State and Zip Code
	KIP_207@HOTMAIL.CO	M (to be used for future annual report notification)
	L-mathgirlæss: (to be used for future annual report notification)
For further information co	oncerning this matter, please c	atl:
KARINA PARRA DE M		407 694-7439
Name of	l'Person	at () Area Code Daytime Telephone Number 3
	in .	at (
Enclosed is a check for th	e following amount:	ယ် ယ
Cl \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahussee, FL 32314

the stage continuents of the section of the

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

V & K ACADEMY & BEAUTY STUDIO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Tre Florida Billines Billottiy Conquanyy	
The Articles of Organization for this Limited I Florida document number L23000351804		2023 and assigned
This amendment is submitted to amend the following	lowing:	
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 desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	11-7331331
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	= <u>BOX</u>)	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	rds, enter the name of the new registered
Name of New Registered Agent:	KARINA PARRA DE MONTERO	, <u></u> ,
New Registered Office Address:	10887 NW 17TH ST UNIT 209	ů ·
	Enter Florida MIAMI	Florida 33172
	City	Lip 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

Karine Perra Le Hanted

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

Title	<u>Name</u>	Address	Type of Action
AMBR	VICTORIANA T MONTERO PAF	10887 NW 17TH ST UNIT 209	□ Add
		MIAMI FL 33172	≅ Remove
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change .
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Effective date, if other than the fan effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	e date of filing: _ ist be specific and can clock does not meet Department of State	not be prior to the applicate's records.	date of filing or ole statutory fil	more than 90 daysing requirement	(optional) s after filing.) Pur s, this date will	suant to 605,0207 (, not be listed as the
e record specifies a delayed effecti rd is filed.						h day after the
Dated NOVEMBER 29		023				
			-			

Filing Fee: \$25.00

Typed or printed name of signee