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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

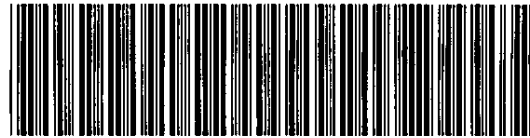
(Business Entity Name)

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2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V. Luxe Image Consulting, LLC.
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:

Valerie Joseph
Name of Person

V. Luxe Image Consulting, LLC
Firm/Company

51 E. Jefferson St # 2074
Address

Orlando, FL 32802
City/State and Zip Code

Val@looklive10xe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Joseph at (407) 405 4673
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/11/2014, 2014.

June 11, Valerie Joseph

Signature of a member or authorized representative of a member

Valerie Joseph

Typed or printed name of signee

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