## L17 000 263766

(Re	equestor's Name)	
(Ad	ddress)	<del></del>
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PłCK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	VAL GAM	IA BEAUTY, LLC.	
SUBJECT:	Name of Lim	nited Liability Company	- <del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		SUZANA VENTURINI	
	•	Name of Person	
·	SVENTU	JRINI BUSINESS SERVICES IN	C
		Firm/Company	<del></del>
		440 E SAMPLE RD 103	2.
		Address	
	PC	OMPANO BEACH, FL 33064	
		City/State and Zip Code	
	į	ADM@SVENTURINI.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
SUZANA VENTURINI		954 366 5353 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALCAMA REALITY LLC

(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberL17000263766	mpany were filed on	12/28/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>·e</u> :	
VAL GAM	IMA BEAUTY, LLC.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			··
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	-		
			Σ:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	cords, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:			_ <del>_</del>
New Registered Office Address:	the Plan	da da da da	
	enter r toric	da street address	
		, Florida _	71.01
	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

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>	Name	Address	Type of Action
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			□Change
			□Add
			☐Remove
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effective da te: If the d	e, if other than the da te is listed, the date must be ate inserted in this block fective date on the Depa	specific and cann does not meet t	ot be prior to date the applicable st	of filing or more the	an 90 days after fili uirements, this da	ng.) Pursuant to 605.02
cord specif s filed.	īes a delayed effective d	ate, but not an e	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after th
ed	JUNE 05	1	2020			
	Antu	M. J.				
	Sig	nature of a memb	er or authorized a	epresentative of a r	nember	