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AUG 24 2020 S. YOUNG



## **COVER LETTER**

SUBJECT: Valentino's Pensonal Training 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:	
Steve Llarion  Name of Person	
Firm/Company	
19821 NW 2nd Ave # 433	
Mami Gardens, FC 33169 City/State and Zip Code	
Svalentino83 & Yahoo · am E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Steve Har 1010 Name of Person at (305) 467-1326 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)
Mailing Address: Street Address:	

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

TO:

Registration Section

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**

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Valenting's Personal To (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LISOOO (97 (0)	were filed on $\frac{3 - 19 - 2018}{3}$ and $\frac{1}{2}$ and $\frac{1}{2}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pilicy company here:
The new name must be distinguishable and contain the words "Limited Liabs  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1982 NW 2 NOT AUC # 433  MIOMI GOVENS # 331(4)
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	19821 NW 2nd Alle # 433 Mount Gourdens FL 33169
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:    1982	ha thermitus W and Ave #433 Enter Florida street address
Miami C	ordens Florida 33169 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>	<u>Name</u>	Address	Type of Action
4GR	Steve Ilorion	19821 NW 2nd Ave # 433 Miami Gordens FL 33169	∃Add
		- MONIN CIONAGUS FC 30109	□Remove
			□ Change
			□Add
			□Rетюче
			□Add
			□Remove
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			□Remove
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			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et <u>Note:</u>	doptional)  Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
the record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	7-7-20
	Matala Signature of a member or authorized representative of a member
	Natacha Thermitus

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