

L19000071606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

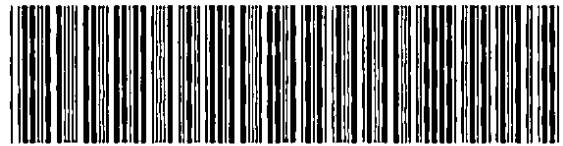
(Document Number)

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04/13/19--01016--015 \*\*25.00

2019 MAY 30 PM 3:15

FILED

C. GOLDEN

JUN - 3 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Valleys 5965 LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolina Valles

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12910 SW 15 Court

\_\_\_\_\_  
Address

Pembroke Pines FL 33027

\_\_\_\_\_  
City State and Zip Code

cval2304@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Valles

786

3529634

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2019

CAROLINA VALLES  
12901 SW 15 COURT  
PEMBROKE PINES, FL 33027

SUBJECT: VALLEYS 5965, LLC  
Ref. Number: L19000071606

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 419A00008492

RECEIVED  
2019 MAY 30 AM 11:08  
FALL 19000071606

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Valleys 596.5 LLC

2019 MAY 30 PM 3:15

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

The Articles of Organization for this Limited Liability Company were filed on 03/13/2019

and assigned

Florida document number L19000071606

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

S & C Esthetic Center, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

371 N Royal Poinciana Blvd

**(Principal office address MUST BE A STREET ADDRESS)**

Miami Springs FL 33166

**Enter new mailing address, if applicable:**

371 N Royal Poinciana Blvd

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami Springs FL 33166

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sandra Gallardo	927 Nightingale Ave	<input checked="" type="checkbox"/> Add
		Miami Springs FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tatiana Valles Acosta	3542 West 105th Street	<input type="checkbox"/> Add
		Hialeah, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 16, 2013

member or authorized representative

Signature of a member or authorized representative of a member

Carolina Valles Acosta

CAROLINA Valles

Typed or printed name of signee