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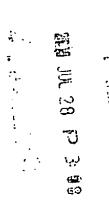
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COVER LETTER

Div	ision of Corp	porations	•	
SUBJECT:		LORE LLC	.	
SODJECT.		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		ADRIANA MACKAY		
			Name of Person	
		VENUS GALORE LLC		
			Firm/Company	
		11263 SW 9TH CT		
			Address	
		PEMBROKE PINES FL 33	3025	
		adrianamackay@yahoo.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca	all:	
ADRIANA	MACKAY		954 5513472 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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

TO:

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

TO ARTICLES OF ORGANIZATION OF

VENUS GALORE LLC

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

(A Florida Limited Liability Company)

		4.6 cor 50 ; D. 66
The Articles of Organization for this Limited I	Liability Company were filed on	JUNE 11TH 2019 and assign
Florida document number L19000154331		December 1997 and the Section
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	_	on our records, enter the name of
New Registered Office Address:	11263 SW 9TH CT	
	Enter F	lorida street address
	PEMBROKE PINES	, Florida 33025
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	CRISTINA MACKAY	11263 SW 9TH CT	
			Add
		PEMBROKE PINES FL 33025	
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be s block does not meet the a	pplicable statutory filing		ling.) Pursuant to 605
he record specifies a dela The 90th day after the		ut not an effective t	ime, at 12:01 a.	m. on the earli
JUNE 26TH Dated	2019			
	Kuna	Locy		
		r authorized representative	of a member	
	APRIANA Typed or			
	Typed or	printed name of signee		

Page 3 of 3

Filing Fee: \$25.00