# L19000306159

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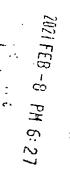


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S. YOUNG



#### **COVER LETTER**

ection porations		
Glow. LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Katrina Valentine		
	Name of Person	
On the Go Glow, LLC		
	Firm/Company	
1335 Dew Bloom Road		
	Address	
Valrico, FL 33594		
	City/State and Zip Code	
-	to be used for future annual report notific	cation)
	·	
	813 407-9622	
d Person	Area Code Daytime	Telephone Number
he following amount:		
S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u> </u>	Street Address:	
	Amendment and fee(s) are subordence concerning this matter  Katrina Valentine  On the Go Glow, LLC  1335 Dew Bloom Road  Valrico, FL 33594  kmariev93@icloud.com  E-mail address: (concerning this matter, please concerning this matter please concerning this matter please concerning this matter.	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    Katrina Valentine

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

On the Go Glow, LLC		FEB 37
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Cimited Liability Company)	8
The Articles of Organization for this Limited Liability Co Florida document number L19000306159	ompany were filed on December 27, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Valentine Esthetics, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
	<del></del>	
Enter new mailing address, if applicable:	3115 Pullman Car Drive APT 201	
(Mailing address MAY BE A POST OFFICE BOX)	Valrico, FL 33594	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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Change

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