## LZ0000152945

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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2023 SEP 25 PM 3: 24

Y. SCOTT | SEP 2 5 2023



August 11, 2023

RUNTERREA EASON 13125 WILCOX RD. APT #15105 LARGO, FL 33774

SUBJECT: VALOR BY T BOUTIQUE LLC

Ref. Number: L20000152945

We have received your document for VALOR BY T BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Letter Number: 523A00018373

Yvette Scott Supervisor

www.sunbiz.org

## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Valor By Name of L	T Boutique LL imited Liability Company	<u> </u>	
The enclosed	Articles of Amendment and fec(s) are s	ubmitted for filing.		
Please return	all correspondence concerning this matt	er to the following:		
	Bunte	rea Eason Name of Person		
	Valor	By T Boutique		01VI 202
	13125	Wilcox Address Address	+ 15105	SECRETARY SECRETARY VISION OF CO
	Larg	OFU 33774 City/State and Zip Code		D OF STATE RPORATION: PM 3: 24
	Fi-mail address	ra_essnewar	ication)	<b>15</b>
For further in	formation concerning this matter, please	e call:		
Ru	Herrea Eason Name of Person	at ( <u>\$13</u> ) 765 - Area Code Daytime	3000 Telephone Number	
Enclosed is a	check for the following amount:			
\$25.00 F	ling Fee   \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Coj (additional copy	f Status & py
<u>Mail</u>	ing Address:	Street Address:	vtion.	

TO:

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

Valor B. T Boutions 110

(Name of the Limited Liability Compa (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 <u>L2000</u> 53945.	were filed on Ob 04 2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
In Your Diva LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	13013 geminde Blud # 1004 Large FL 33718	
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 registers $S_{E} = \frac{1}{N} \frac{S_{E}}{S_{E}}$	<u>≀d</u>
Name of New Registered Agent:	25 C	
New Registered Office Address:	P ONCE D	
	Enter Florida street address  STATE  Florida  Florida	
	City Zip Codes	

## 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 Anthorized Person(s) authorized to manage, enter the title, name, and address of each per	son being added
or removed from our records:	

MGR =	Manager	
AMBR =	Authorized	Member



<u>Title</u>	Name	Address	Type of Action
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			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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cord specifies a delayed e filed.	effective date, but n	oot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th	ı day after t
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		a member or authoriz	rod representative of	a member		<del></del>