

221000160222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

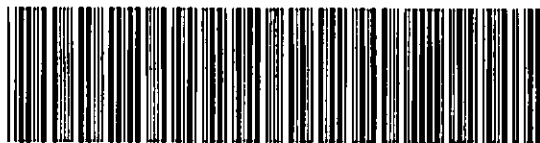
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2022 NOV 14 PM 3:37

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2022

VIANKA TOLENTINO  
VVS COSMETICS LLC  
3431 SW 32ND AVE  
WEST PARK, FL 33023

SUBJECT: LUXX LASH L.L.C  
Ref. Number: L21000160222

We have received your document for LUXX LASH L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of the amendment was not included. This is required whether there are changes or not.

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) 245-6862.

Sean Toner  
Director

Letter Number: 922A00024333

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUXX LASH L.L.C  
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:

Vianka Tolentino  
Name of Person

VVS Cosmetics LLC  
Firm/Company

3431 SW 32nd Ave  
Address

West Park FL 33023  
City/State and Zip Code

VVSCosmetics17@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vianka Tolentino at ( 786 ) 390-1303  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

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

APPROVED  
AND  
FILED

2022 NOV 14 PM 3: 37

Luxx Lash L.L.C

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/06/2021 and assigned  
Florida document number L21000160222

This amendment is submitted to amend the following:

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

VVS Cosmetics 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:

(Principal office address MUST BE A STREET ADDRESS)

2028 SW 1st St Miami FL 33135

3408 W 84th St Ste 200 Hialeah FL

3431 SW 32nd Ave West Park FL 3308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, 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 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>
<u>MGR</u>	<u>Vianka Tolentino</u>	<u>3431 SW 32nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>West Park FL 33023</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Beth Mejia</u>	<u>3431 SW 32nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>West Park FL 33023</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated August 8<sup>th</sup>, 2022

Signature of a member or authorized representative of a member

Vianka Tolentino  
Typed or printed name of signee