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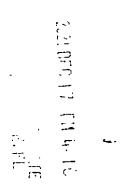
(Red	questor's Name)	
	dress)	
lun	u1633)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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12/17/21--61008 -002 **25.00



A. BUTLER JAN - 3 2022

COVER LETTER

TO: Registration Se Division of Cor			
Vi's House			
SUBJECT:	Name of Lim	ited Liability Company	
The anglosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Victoria Manzo		
		Name of Person	
	Vi's House of Beauty		
		Firm/Company	
	8 Royal Palm Way, Unit 2	03	
		Address	
	Boca Raton, Florida 33432		
		City/State and Zip Code	
	vishouseofbeauty@gmail.co		
		to be used for future annual report not	incanon)
For further information c	oncerning this matter, please ca	all:	
Victoria Manzo	_	561 862-8908X	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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21 OH 1 1 1
y Company as it now appears on our records.)
Elimited (Hability Company)
ompany were filed on 11/22/2021 and assigned
, , , , , , , , , , , , , , , , , , ,
- -
ted liability company here:
ted Liability Company," the designation "LI.C" or the abbreviation "L.L.C."
ESS)
office address on our records, enter the name of the new register
Enter Florida street address
CHEFT IN THE SUCCE WHITE CAS
Florida
City Zip Code
te E

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, 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>	Address	Type of Action
MGR	Victoria Manzo	8 Royal Palm Way Unit 203	
		Boca Raton, Florida 33432	□Remove
			□Change
		□Add	
		□Remove	
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	11.02.2021
(If an ef Note:	ive date, if other than the date of filing: 11/22/2021 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he recor ord is fi	d 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 led.
Dated	12/7/2021
	Signature of a member or authorized representative of a member
	Victoria Manzo

Filing Fee: \$25.00