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(Re	equestor's Name)	
(Ac	idress)	
	ddress)	· · · · · · · · · · · · · · · · · · ·
(^(101655)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

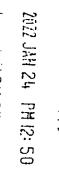




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COVER LETTER

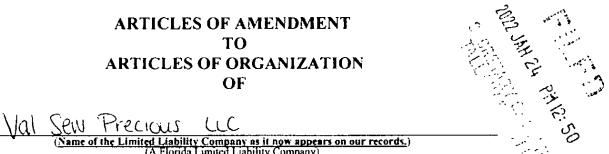
TO: Registration Se Division of Cor				
SUBJECT: Val S	Sen Precious 11	C		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Riana S	C(NA Name of Person		
		Name of Person		
	_	recious LLC		
	1001 0000	Firm/Company		
	38939 5	th Alle		
		Address		
	Zephyrhi	IICE 33542		
		City/State and Zip Code		202
	BORTO JULI	M3@gmall.com to be used for future annual report notif	cation)	2 -
For further information c	oncerning this matter, please ca		,	2022 JAH 24 PA 12: 50
Bicunca S	erna	at (813) 789-	3335	24 PAT
	f Person		Telephone Number	2: 50
Enclosed is a check for the	re following amount:			<i>2</i>
	S30.00 Filing Fee &	S\$5.00 Filing Fee &	□ \$60.00 Filia	no Fre
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status &
Mailing Addres		Street Address:	ei e u	
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO **OF**



<u>Vai sen Precion</u>) CCC		<u> </u>	Ş
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on orda Limited Liability Company)	our records.)		C
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on		and assigned	
Florida document number Lascovity 30	<u>''O</u> .			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	ation "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ds, <u>enter the name o</u>	the new register	<u>'ed</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
<u></u>		, Florida		
	City	Ž	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
M6R	Bianca C. Serna	38939 5th Aue Zephyrhij Fl 33542	K, DPAdd
			□Remove
			□Change
			□Add
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			□Change
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reffective <u>te:</u> If the	ate, if other t date is listed, the date inserted i effective date	e date must be sp in this block de	ecific and can oes not meet	not be`prior t the applica	o date of filing	g or more than		filing.) Pursuar	
cord spe s filed.	cifies a delayed	l effective date	, but not an	effective tin	ne, at 12:01	a.m. on the o	earlier of: (b) The 90th d	lay after the
ed	100/3	9.2			_ ·				
_		Signa	ture of a men	iber or author	ized represen	itative of a me	mber		<u> </u>