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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	ESTHETICS, LLC				
SUBJECT:	Name of Lim	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:			
	VICTOR C. CARRILLO				
		Name of Person			
	VC AUTO AESTHETICS	, LLC			
		Firm/Company	······································		
	4822 SAN ORTEBELLO	DR.			
		Address	<del></del>		
	BRADENTON, FL 3420	08			
		City/State and Zip Code			
	Victora4RQ g	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
VICTOR C CARRILLO		941 779-6902			
Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check for th	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 Address		Street Address:	otion		
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VC AUTO ESTHETICS, LLC	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on APRIL 21,2022 and assigned
Florida document number 1.22000192044	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
VC AUTO AESTHETICS, LLC	~
he new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	YA YA
Principal office address MUST BE A STREET ADDRESS)	6
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Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
City	

## 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>	Name	Address	Type of Action
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<u>te:</u> If the	ate, if other than date is listed, the date date inserted in th effective date on th	is block does r	iot meet the a	applicable stat	f filing or more tha utory filing requ	(option 90 days after the direments, this	nal) filing.) Pursuant to 605 date will not be list	5.020 ed a
cord spe s filed.	cifies a delayed effe	ective date, but	not an effec	tive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day afte	er the
ed	5-11		_, <u>2</u> 0	22				
	/ /				oresentative of a m			