

h22000216690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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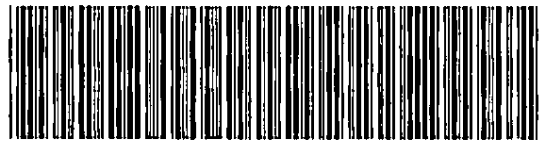
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALENTINO'S FAMILY STORES LLC
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:

VICTOR JAVIER CLAVERO GUTIERREZ

Name of Person

Firm/Company

5595 W 13TH AVE

Address

HIALEAH, FL 33012

City/State and Zip Code

victor.claverog@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR JAVIER CLAVERO GUTIERREZ
Name of Person at (+1 (786) 5184761)
Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VALENTINO'S FAMILY STORES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/20/2022 and assigned
Florida document number 1.22000216690.

This amendment is submitted to amend the following:

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

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) _____

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

_____, Florida _____
City 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>
AMBR	GOOD CARE BEAUTY ACADEMYS LLC	5595 WEST 13TH AVE HIALEAH, FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ICARUS STORES LLC	5595 W 13TH AVE HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
AMBR	DANIELA SOLANGE CLAVERO GUTIERREZ	EL EMBALSE 9205, PENALOLEN, CHILE	<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
MGR	VICTOR JAVIER CLAVERO GUTIERREZ	5595 W 13TH AVE HIALEAH, FL 33012	<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
MGR	DANIELA SOLANGE CLAVERO GUTIERREZ	EL EMBALSE 9205, PENALOLEN, CHILE	<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/11/2022.

Signature of a member or authorized representative of a member

VICTOR JAVIER CLAVERO GUTIERREZ - MGR

Typed or printed name of signee