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09/18/24--01017--004 **25.00

COVER LETTER

TO: Registration Section

Div	ision of Cor	porations			
011D 1110T	VALUE COSMETICS, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
		jodi ronen			
			Name of Person		
		JG CONSULTING SERV	ICES, LLC		
	Firm/Company				
	enclosed Articles of Amendment and fee(s) are submitted for filing. enclosed Articles of Amendment and fee(s) are submitted for filing. podi ronen				
		• • • • • • • • • • • • • • • • • • • •	Address		
		COCONUT CREEK, FL 3	3073		
			City/State and Zip Code	, , , , , , , , , , , , , , , , , , , 	
			to be used for future annual report not	ification)	
For further in	iformation c			,	
	Address COCONUT CREEK, FL 33073 City/State and Zip Code JODI@ACCU-TAX.TAX E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ODI RONEN 954- 449 9709 at ()				
			at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
-			-		
Tal	lahassee, F	L 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALUE COSMETICS, 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 $\frac{05/26/2022}{}$ and assigned Florida document number L22000245136 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." 3000 NE 2ND AVE APT 745 MIAMI FL 33137 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3000 NE 2ND AVE APT 745 MIAMI FL 33137 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

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.

City

Florida

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	JODI RONEN	5481 WILES RD STE 502	□Add
		COCONUT CREEK FL 33073	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, i If an effective date i	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant inserted in this block does not make the prior to date of filing or more than 90 days after filing.)	
	te inserted in this block does not meet the applicable statutory filing requirements, this date will not active date on the Department of State's records.	be listed as
3 3 1,00	on the Department of State's records.	
e record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th de	av after the
rd is filed.		
Oated 09/11	2024	
	· PP//	
	Signature of a member or authorized representative of a member	