L23000061263

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S. ROBERTS
MAY 2 3 2023

COVER LETTER

	istration Section of Corp					
SUBJECT:	VIP STYLE	ENTERTAINMENT LLC			•	
		Name of Lir	mited Liability Co	ompany		•
The enclosed	l Articles of A	mendment and fee(s) are su	bmjtted for filir	Billing		
		dence concerning this matte				
	·	PEREZ OTALORA, AN	DREA C			
			Name of	Person		
	~ ق	VIP STYLE ENTERTAI	NMENT LLC		•	
			Firm/Co	mpany		
		7605 NW 5 PLACE				
			Addr	ess		_
٠	٠	MARGATE, FL 33063	St. 1 43 5	77.5 1 %	•	
			City/State an	d Zin Code		_
				a zip coac		
		mariselagallardo@layacon	-		:6:\	-
		E-mail address:	(to be used for fu	ture annual report not	itication)	
For further in	oformation cor	ncerning this matter, please	call:		•	
mariselagall	ardo@layacon	npany.com	at ()		
	Name of f	² erson	at (Area	Code Daytin	ne Telephone Numb	er
Enclosed is a	check for the	following amount:	, 23°	M		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & ed Copy al copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy tal copy is enclosed)
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ARTICLES OF AMENDMENT TO TO TO ARTICLES OF ORGANIZATION

VIP STYLE ENTERTAINMENT LLC (Name of the Limited Liability Compa) (A Florida Cimited L	ny as it now appears on our records.) lability Company)	<u>. </u>
The Articles of Organization for this Limited Liability Company Florida document number L23000061263	were filed on 02/02/2023	and assigned
This amendment is submitted to amend the following:	Since the second second	
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		-0
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX	to the state of th	<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new regist
	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

Title	Name was - jobs - specify -	Address	Type of Action
AMBR	Hector M. Leon.	7605NW 5 PLACE, Margate FL 33063	
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