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SCRUTABY OF STATE
TALL AHASSEE. FL

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## **COVER LETTER**

•	ration Section of Corpo		•	
SUBJECT:	· Ya	nitza Valles	Estethician, LL	
	1	Name of Limi	ited Liability Company	<del></del>
The enclosed Ai	rticles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Yanitza	a Valles	· · · · · · · · · · · · · · · · · · ·
			Name of Person	
		<del></del>	Firm/Company	
		8860 sw 1	152Nd C+	
			Address	
		Pliami, Fl	oeida 33196	
			City/State and Zin Code	
			porquese hot mail. (	
For further info	rmation cone	eerning this matter, please ca	all:	
Unitz	za Vall	వ	::. <del>18</del> 6 , 307- <sup>2</sup>	1673
- 40.42.	Name of Po	erson	Area Code Daytim	e Telephone Number
		N. 11		
	\	following amount:		C) 620 00 EE E
□ \$25.00 Filia	ng 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)
	g Address:	sti sa	<u>Street Address:</u> Registration Sec	ction
	tration Section of Cor		Division of Cor	
	200 4337		That ontra at 1	•

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PANT A VAILES TE  (Name of the Limited Liability (A Florida)  The Articles of Organization for this Limited Liability Co	STETNICKA, L	1023 JU	L 18 PH 2: 14
(A Florida	Limited Liability Company)	SECRET	ARY OF STATE
The Articles of Organization for this Limited Liability Co	ompany were tiled on	02/13/2028	MAS SEE SEQUECO
Florida document number <u>L23</u> 0000 78449	<u>_</u> .		
. instantenument is submitted to amend the following:			
A. If amending name, enter the new name of the limi	•	<u>iere</u> :	
Yanitza Valles Esthe			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u></u>		
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	l office address on our	records, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address here:			
Namo at New Registerest Agent			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	<del></del>
		, Florida _	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		
i nereny accept the appointment as registerea agent of provisions of all statutes relative to the proper and confect the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance o gent as provided for in	f my duties, and I am Chapter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent. Signature of New Registered Agent

!f 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
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n effect <u>ite:</u> [[f	e date, if other tive date is listed, the the date inserted it's effective date	ne date must be sp Lin this block do	ecific and coos not me	annot be prior et the applic	able statutory	23 or more than 5	(option 00 days after framents, this	iling.) Pursuan	t to 605.020 be listed a
	specifies a delaye	d effective date	. but not a	n effective ti	me, at 12:01 a	i.m. on the ca	ırlier of: (b)	The 90th da	ev after the
		<del>_</del>		2003					
is filed	JUNE !	27		2023	_ ·				
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