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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
VV BEAU	ЛҮ LLC			
SUBJECT;	Mame of Lin	onted Liability Company		
The enclosed Articles o	f Amendment and feers) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following.		
	VANESSA VILCHIS			
		Name of Person		
	VV BEAUTY LLC			
		Firm/Company		
	583 SE CORTEZ ST			. 51
		Address		·
	STUART FLORIDA 3499	94		် : မာ
		City/State and Zip Code		(
	vanessavilchiz@icloud.com E-mail address:	to be used for future annual report no	ufication)	
For further information	concerning this matter, please of	·	,	ti 29
VANESSA VILCHIS		772 2142089		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
Ci 325.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre	Section	Street Address: Registration Se		
Division of 0 P.O. Box 63	27	Division of Co The Centre of	-	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VV BEAUTY LLC		
(Name of the Limited Liability Comp (A Florida Limited	iany as it now appears on our recor I Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000098403</u>	y were filed on <u>02/23/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lin	pility Company," the designation "LL	C" 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:	:	, 13 13
(Mailing address MAY BE A POST OFFICE BOX)		
William State of the Bong		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent New Registered Office Address:	e address on our records, enter	
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605.	und I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
MGR	VANESSA VILCHIS	583 SE CORTEZ ST, STUART FL 34994	■Add
			□Remove
			□Change
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			□Change

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ive date, if other than the date of filing: feative date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable stancit's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuam to 605 tatutory filing requirements, this date will not be list
d specifies a delayed effective date, but not an effective time, at led	12:01 a.m. on the earlier of: (b) The 90th day after
04/18/2023	
you fin	
Signature of a member of authorized a	epresentative of a member

Filing Fee: \$25.00