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of 12/2/2023

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Corp			
		DYSHOP LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		NEMESH VALERIY		
			Name of Person	
		VAL'S BODYSHOP LLC		
			Firm Company	
		2760 WORTH AVE #5		
			Address	
		ENGLWOOD, FL 34224		
		valsautobody71@gmail.cor		
For further	er information co	te-mail address: concerning this matter, please co	to be used for future annual report not all:	пешоп)
	ILVALERIY	,	267 301-1652	
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 tadditional copy is enclosed)
-	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
]	Division of C	orporations	Division of Co	rporations
]	P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAL'S BODYSHOP LLC		2023 HOV 17 #MII: 02
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our recor ida Limited Eiability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000106733</u>	Company were filed on <u>02/28/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability 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 ADI	DRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	W.S.
	, F	lorida 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>	Address	Type of Action
MGR	NEMESH, VALERIY	2760 WORTH ALE AS ENGLEWOOD, FL 34224	CiAdd
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			□Add
			🖾 Remove
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		<del></del>	□Remove
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			□Remove
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			□Remove
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	ADD NAME: NE	EMESH VALERIY					
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fecti	ve date, if othe	r than the date o	f filing:	<u>.</u>		(optional)	
an cik ote:	ective date is listed, If the date inserte	the date must be spec id in this block doe	rific and cannot be is not meet the :	e prior to date of	filing or more than	90 days after filmg.) amonte, this data a	Pursuant to 605,0207 iffl not be listed as t
ocum	ent's effective da	te on the Departme	ent of State's rec	cords.	any mag requi	ements, this date w	an nor be fisted as
гесого	d specifies a delay	yed effective date. I	but not an effect	tive time, at 12	:01 a.m. on the e	arlier of: (b) The	90th day after the
is fil	ed.						
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