6/7/23, 9:58 AM

Division of Corporations

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VY'S AUTHENTIC SHOPPE LLC

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To:

COVER LETTER

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å ennings		TIENTIC SHOPPE LLC	•	54	e	٥
SUBJECT:		Name of Lim	ited Liability Compa	ny		
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n ali correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
		·····	Name of Pers	on	••	
		Legalzoom, com, Inc.				
			Firm/Compar		_	<u> </u>
		101 N Brand Blvd 11th Fl				
			Address			_
		Glendale, CA 91203				
			City/State and Zip	Code		_
		nagrom5712@gmail.com				
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For further	information co	oncerning this matter, please ca	ill:			
Cheyenne ?	Moseley		800	773-0888		
	Name o	Person	Area Coc	le Daytim	e Telephone Numbe	<u> </u>
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional cop	ору	Certifie	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

To: Page: 4 of 6 2023-06-07 08:04:58 PDT LegalZoom com, Inc. From: Richard York

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VY'S AUTHENTIC SHOPPE LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000129117</u>	npany were filed on 03/13/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
		·
		2023
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the nev
registered agent and/or the new registered office address	sancre.	, <u>2</u> 1
Name of New Registered Agent:		7 F
New Registered Office Address:		7 5
non registered office address.	Enter Floridustreet address	12: 4 4
	, Floric	
	Cirv	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:

From: Richard York

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tinothy Morgan		
		3209 Ciina Ct., Holiday, FL 34691	■ Remove
			Change
AMBR	Vy Nguyen	3209 Gina Ct., Holiday, FL 34691	≅ Add
			Remove
			Change
			Remove
		 	Change
			□ Remove
			Change
			□ Remove
			Change
		-	
		-	☐ Remove
			Character (Character)

From: Richard York

	
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-	
Note: 1	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: l0th day after the record is filed.
Dated	May 20 2023
	Signature of a member or authorized representative of a member
	Vy Nguyen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00