L20000115603

| (Re | questor's Name) | |
|-------------------------|---------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone # | (#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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12/07/20--01011--007 **25.00



JAA: 1/19/21

COVER LETTER

| SUBJECT: | Nails Exclus | sive Glitters L.L.C | | | |
|----------------------------|--|---|--|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Natalie Guzman | | | | |
| | Name of Person | | | | |
| | | | | | |
| | | | | | |
| | 3 S . | John Young Pkwy Suite I | | | |
| | | Address | | | |
| | | Kissimmee, FL 34741 | | | |
| | | City/State and Zip Code | | | |
| | Generalconnectionllc@gmail.com E-mail address: (to be used for future annual report notification) | | | | |
| For further information co | oncerning this matter, please ca | · | rication) | | |
| Natalie Guzman | | 407 301-667 | 73 ext 111 | | |
| Name of Person | | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for th | e following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 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) | | |

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nails Exclusive Glitters L.L.C

| (Name of the Limited Liabilit (A Florida | ty Company as it now appea Limited Liability Company) | rs on our records.) | |
|--|--|--------------------------|--------------------------|
| The Articles of Organization for this Limited Liability C Florida document number 1.20000115603 | Company were filed on | April 29, 2020 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ited liability company h | ere: | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the c | lesignation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 4471 West Vine | Street |
| Principal office address MUST BE A STREET ADDR | RESS) | Kissimmee, FL | 34746 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our i | ecords, <u>enter the</u> | name of the new reg |
| Name of New Registered Agent: | Natali | Guzman | |
| New Registered Office Address: | | oung Pkwy Suite 1 | |
| | Kissimmee | Florid: | 34741 |
| | City | , Fiorita | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------------|---------------------|----------------|
| MGR | Vanessa Torres Martorony | 726 Benjamin Trail | = Add |
| | | Davenport, FL 33837 | □Remove |
| | | | □ Change |
| 1GR | William E. Arroyo Ross | 726 Benjamin Trail | = Add |
| | | Davenport, FL 3383 | □Remove |
| | | | □Change |
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| fective date, if other than t | he date of filing: | 11/25/2020 | (optional) | |
| | | | n 90 days after filing.) Pursuant to 60 irrements, this date will not be lis | |
| cument's effective date on the | Department of State's records | | | |
| | 50 | | i cas monto c | .1 |
| ecord specifies a delayed effect is filed. | live date, but not an effective t | ime, at 12:01 a.m. on the | carlier of: (b) The 90th day aft | er the |
| | 2022 | | | |
| November 25th | : 2020 | · | | |
| November 25th | wood All | | | |
| | Signature of a member or auth | orized representative of a m | nember | |
| | Vanessa Torre | es Martorony | | |
| | | led name of signee | | |