

L20000170027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

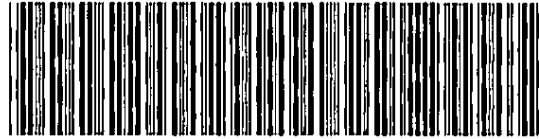
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURVIVER NAILS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAE A NABRIZNY

Name of Person

RAE'S ACCOUNTING & TAX SERVICE LLC

Firm/Company

501 EAST OAK STREET, UNIT A2

Address

KISSIMMEE, FLORIDA 34744

City/State and Zip Code

SURVIVERNAILS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER AYURE

407 409-2280

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
(additional copy is enclosed)

Mailing Address:

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

If Changing Registered Agent, Signature of New Registered Agent

If attending 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>	<u>Type of Action</u>
MGRM	HEATHER AYURE	8297 CHAMPIONSGATE BLVD, #368	<input type="checkbox"/> Add
		CHAMPIONSGATE, FLORIDA 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM AMENDING MY STATUS FROM MANAGER TO OWNER. THE BANK IS REQUIRING THAT I AM
LISTED AS THE OWNER AND NOT JUST A MANAGER

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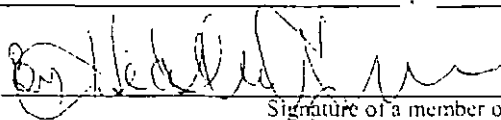
E. Effective date, if other than the date of filing: 06/18/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 4 2020



Signature of a member or authorized representative of a member

HEATHER N AYURE

Typed or printed name of signer