L20000170027

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor		- · · · · ·		
	R NAILS LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence 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@YAH	OO.COM to be used for future annual report no	rification)	
Park minering annual and		•	uncation)	
	oncerning this matter, please c	an.		
HEATHER AYURE		407 409-2280 at ()		
Name o	of Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for the	he 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)	
' <u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURVIVER NAILS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000170027</u> .	were filed on 06/18/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	8297 CHAMPIONSGATE BLVD, #368	26
(Principal office address MUST BE A STREET ADDRESS)	CHAMPIONSGATE, FLORIDA 33896	2C20 DE
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		H9 :: [
Mailing address MAY BE A POST OFFICE BOX)		-: • • • • • • • • • • • • • • • • • • •
3. If amending the registered agent and/or registered office a	address on our records, enter the name	of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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

* Title	<u>Name</u>	Address	Type of Action
MGRM	HEATHER AYURE	8297 CHAMPIONSGATE BLVD, #368	□Add
		CHAMPIONSGATE, FLORIDA 33896	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			☐Remove
•			☐Change
			.∑Remove
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			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) LAM AMENDING MY STATUS FROM MANAGER TO OWNER, THE BANK IS REQUIRING THAT LAM LISTED AS THE OWNER AND NOT JUST A MANAGER 06/18/2020 E. Effective date, if other than the date of filing: (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. SEPTEMBER 4 2020 Dated Signature of a member or authorized representative of a member HEATHER N AYURE

Typed or printed name of signee