L10000075443

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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Office Use Only



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JAN 1 4 2016 J. HARRIS

TO:	Registration Sect		COVER LETTER	June 2016 JAN 12
	Division of Corpo	orations 10hS of A	Care Nails ted Liability Company	JUM 2016 JAN 12 PH 12: 50 LLC TALLAHASSEE, FI DRIBA
		mendment and fee(s) are subr	_	
		Vero VISIONS 2031 XIM F+ Laud Veronica E-mail address: (1	Name of Person OF HAIV & N Firm/Company OAK AND Address Fl. 33311 City/State and Zip Code OB ON GYON O To be used for future armual report	915 Blyd+400 0.Com notification)
For	further information cor	NeSbi+	at (<u>764</u>) 42	2-5978 ytime Telephone Number
	losed is a check for the \$25.00 Filing Fee	following amount: ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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



December 11, 2015

VERONICA NESBITT 2031 W OAKLAND PK BLVD #400 FT LAUD, FL 33311

SUBJECT: VISION'S OF HAIR & NAILS LLC

Ref. Number: L10000075443

We have received your document for VISION'S OF HAIR & NAILS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00026034

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISIONS OF Hair & Wails (Name of the Limited Liability Compa (A Florida Limited I	imited Liability Company)	lity Company
The Articles of Organization for this Limited Liability Company Florida document number	~/10/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabileters".	ited Liability	owpany c" or the abbreviation "L/L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4795 NW Lauderdale L	42 nd st. akes, Fl. 33319
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
		lorida
Name Descriptional Assembly Scientific of Showing Descriptional Assembly	City	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

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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 **Type of Action** <u>Address</u> <u>Title</u> Name _□ Add _□ Remove _ Change □ Add _□ Remove _□ Change

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e record specifies a delayed effective date, but not an effective time, at $12:01\ a$. The 90th day after the record is filed.	i.m. on the ea	
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Veronica Neshitt		2016, Jan 12,
The 90th day after the record is filed. Pated	26 P	

Filing Fee: \$25.00