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SECRETARY OF STATE
DIVISION OF CORPORATIONS
AMAN 21. AMIL: 1714

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## **COVER LETTER**

eno inem.	NAILTINEL			
SUBJECT:			ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Gregory S. Oropeza, Esq.		
		-	Name of Person	
		Oropeza, Stones & Cardens	as, PLLC	
			Firm/Company	
		221 Simonton Street		
			Address	
		Key West, FL 33040		
		skyfly H@gmail.com	City/State and Zip Code	
		=	to be used for future annual report n	otification)
For further	information co	ncerning this matter, please ca	all:	
Gae Ganiste	<del>c</del> r		305 294-0252	
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclosed is	a check for the	e 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAILTINI LLC		
(Name of the Limi	ed Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I.  Florida document number L11000124066		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)	
		<b>→                                    </b>
Enter new mailing address, if applicable:		CORPORATION
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1: (AFION
B. If amending the registered agent and registered agent and/or the new registered o		
Name of New Registered Agent:	Gregory S. Oropeza	
New Registered Office Address:	221 Simonton Street Enter Florida stre	et address
	Key West	, Flerida 33040
	- 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

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>	Address	Type of Action
MGRM	Edward Flynn, Jr.	817 Duval Street	
		Key West, FI. 33040	■ Remove
			Change
MGR	Edward Flynn	817 Duval Street	Add
		Key West, FL 33040	☐ Remove
			E Change
			Add
			Remove
			Change
			Remove
			☐ Change
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n effec <u>te:</u> T	date, if other than the date of filing:	suant to 60 not be lis	15.020 sted as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t Oth day after the record is filed.	:he earl	ier o
ted _	may 17 2018		

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Filing Fee: \$25.00