

L12000094277

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(Business Entity Name)

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U. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Image 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:

Stephen Swanson  
Name of Person

Image Nails LLC  
Firm/Company

8177 N. Atlantic Ave  
Address

Cape Canaveral, FL 32920  
City/State and Zip Code

SSI4505@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Swanson at ( 321 ) 298-1122  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Image Nails LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 20, 2012 and assigned  
Florida document number L12060094277

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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2012 JUN -1 PM 3:48  
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TALLAHASSEE FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Stephen Swanson

New Registered Office Address:

8177 N. Atlantic Ave #8

Enter Florida street address

Cape Canaveral

City

, Florida

32920

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.

Stephen Swanson  
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>	<u>Type of Action</u>
MGR	Amy Jones	5061 Bridge Rd.	<input type="checkbox"/> Add
		Cocoa, FL 32927	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Larry Jones	5061 Bridge Ave	<input type="checkbox"/> Add
		Cocoa, FL 32927	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Q Swanson	8177 N. Atlantic Ave	<input checked="" type="checkbox"/> Add
		Cape Canaveral, FL 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2015 JUN - 1 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2015 JUN -1 PM 3:48  
NEW YORK STATE  
THILAHASSEE FLD DBA

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**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 5/28/15, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Stephen Swanson  
Typed or printed name of signee