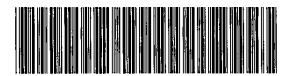
LIZODOPHITT

(Re	equestor's Name)	,
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

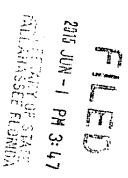
Office Use Only



200273482812



200273492812 06/01/15--01024--019 **25.00



Milo Strace

COVER LETTER

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 Aue
CapeCaraveral, FL 32920 City/State and Zip Code
SSIU505 awail, Com E-mail address (the be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Shanson at (321) 298-1122 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Cardificate of Status Cardificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ability Company as it now appears on our records.) orida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 20, 2012 ar Florida document number L12-0000 9427 7.	ıd assigned	
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	ું∿ લે≨ે	
Enter new principal offices address, if applicable:	E-1	
(Principal office address MUST BE A STREET ADDRESS)	<u>≨</u>	-
		- Paris Mari
ريخ المراجعة	Ser	17
Enter new mailing address, if applicable:	္လို ယူ	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office address on our records, enter the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Stephen WWASON Enter Florida street address Cupa Cura vera Florida 32-9	ame of the	e new
New Registered Agent's Signature, if changing Registered Agent:	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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Amy Jones	5061 Bride Rd.	Add
		5061 Bridge Rd. Cocoa, FL 32927	Remove
			Change
mgr	Larry Jones	5061 Bridge Ave	Add
		5061 Bridge Ave Cocoa, FL 32927	Remove
			Change
mor	Stephen Q Swanson	8177 N. Atlantic Ave	Add
		Cape Canaveral, FL 329	
			Change
			Remove
			Change
			□ Add
			Remove
			D Add
			Remove
			Change

	• •							
								
								
•			·					
		<u>.</u>						
·				······································	,		······	
							F (.	- Gi
							200	<u> </u>
							201	≥ ≥
							₩1-<	
								70
							STA LOR	ယ္
	<u> </u>	•••						<u> </u>
							\$ to 1	©
ffective date,	if other than	the date of f	iling:		_	(opti	onal)	
an effective date	is listed, the date	must be specific	c and cannot be	prior to date of	filing or more t	han 90 days after zuirements, this	r filing.) Pursuant s date will not	t to 605.02 he listed :
ocument's effe	ctive date on the	ne Department	of State's rec	ords.	atory timing to	quirements, un	a date will not	oc nateu t
		-						
o record cod	scifice a dola	aved offective	o data hu	t not an ef	factive time	a at 12·01 :	a.m. on the	parlier
		record is fil		t not an Er	ICCUVE HIIR	., at 12.01 (ann on the	Carrier
5/1	28/15							
oated <u>5/6</u>	70/1J			· ·				
,	•	Stop	M.	011	111-	_		
		/SU//		M	resentative of a	member		
			оса поежност От	aumonzeu ren	resentative of a	HICHIOCI		

Page 3 of 3

Filing Fee: \$25.00