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(Cit	ty/State/Zip/Phone	e #)
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12/19/13--01026--008 **25.00

2018 DEC 19 PK 5: 1

B. BOSTICK

DEC 23 2013

EXAMINER

COVER LETTER

Division of Corpo			•
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Ceav	ra Crews	
		Name of Person	
		Firm/Company	<u></u>
	257	Oak Hill Dr	
		Address	
	Savas	ota, FL 3423)
	Ceara	City/State and Zip Code Do be used for future annual report notification	n\
F 6-41 i-6i-		·	
C + Class	cerning this matter, please ca	at (941) 822-511	O SARA DEC I
Name of P		Area Code & Daytime Tele	(T)
Enclosed is a check for the	following amount:		0880 č.
\$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

Simply Chic B (Name of the Limited Liability Company (A Florida Limited Liability Company)	earty Lounge vasit now appears on our recor	LLC_ ds.)
The Articles of Organization for this Limited Liability Company visiting document number 12000 2 1873.	00/01	/12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil CC'S Nail Lounge LLC The new name must be distinguishable and end with the words "Limite" L.L.C."		ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	257 Oak Hill Sarasota, Fl 34232	D 19 Pt 5: 19
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	, Flor	Zip Code
New Designated Assetts Signature if should be Designated Asset		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager	
MGRM = Managing	Member

<u>Title</u>	Name	Address	Type of Action
		_	Add
			Remove
			
			Add
			Remove
			_
	<u> </u>		
			Remove
			-
			Add
			Remove
			-
			Add
			Kemove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	12/17, 2013.
	Gara Oceas
	Signature of a member or authorized representative of a member
	Ceara Crews.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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