L13000087978

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J. HARRIS

COVER LETTER

Division of Corpo	rations		
ELI'D NAILS SUBJECT:	AND SPA, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Marlene Leon-Rubido, Esq.		
		Name of Person	
		Firm/Company	
	6780 Coral Way		
	-	Address	
	Miami, Florida 33155		
	_	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con-	cerning this matter, please cal	11:	
Marlene Leon-Rubido, Esq	·	305 5962211	
Name of P	erson	at () Area Code Daytime Te	lephone 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:

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

ELI'D NAILS AND SPA, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>) </u>
The Articles of Organization for this Limited Liability Comp. Florida document number L13000087978.	pany were filed on June 18, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ELI'D SALON, NAILS, AND SPA, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	⊒ 4,
		11. 6.
		AND R
Enter new mailing address, if applicable:		25 A
		TS P M
Mailing address MAY BE A POST OFFICE BOX)		-'U
		22 ii
3. If amending the registered agent and/or registere	d office address on our vecends	
registered agent and/or the new registered office address		enter_the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 = M AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
			Change
			
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)		
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(If an effective Note: I	e date, if other than the date of filing:	g.) Pursuant	to 605.0 e listec	207 (3)(b I as the
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m O0th day after the record is filed.	لبنا سا	ರಾ	of:
Dated _	4/19/16	CRETA L'AHAI	APR 2	T) t
	(Almanband)	SE CA	56 PR	
	Signature of a member or authorized representative of a member	NUCORNOA	256 BBRX 38PH 3: 38	
	Elizabeth Castillo, Manager Typed or printed name of signee	13	3 PH	
		STATE FLORID	ယ္ <u>အ</u>	
	Page 3 of 3	>	C)	

Filing Fee: \$25.00