

L1300177740

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXQUISITE \$10 NAIL SALON LLC**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

Help

MAR 28 2014

T CLIN.



March 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of CorporationsEXQUISITE \$10 NAIL SALON LLC
2692 NORTH UNIVERSITY DRIVE
SUITE 1
SUNRISE, FL 33322SUBJECT: EXQUISITE \$10 NAIL SALON LLC
REF: L13000177740

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist IIFAX Aud. #: H14000073268
Letter Number: 314A00006524

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

H14000073268

TO: Registration Section
Division of Corporations

SUBJECT: EXQUISITE \$10 NAIL SALON, 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:

Jeffrey A. Lyons

Name of Person

Exquisite \$10 Nail Salon, LLC

Firm/Company

2692 N. University Drive, Suite 1

Address

Sunrise, FL 33322

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Lobban

Name of Person

at 954 572-3113

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$10.00 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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Exquisite \$10 Nail Salon, 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 December 30, 2013 and assigned Florida document number L13000177740.

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 end with the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Norman A. Lobban

New Registered Office Address: 4448 Inverrary Boulevard
Enter Florida street address

Lauderhill, Florida 33319
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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Jeffrey A. Lyons	2692 N. University Drive	<input checked="" type="checkbox"/> Add
		Suite 1, Plantation, FL	<input type="checkbox"/> Remove
		33322	
AMBR	Ray Ricketts	2692 N. University Drive	<input checked="" type="checkbox"/> Add
		Suite 1, Plantation, FL	<input type="checkbox"/> Remove
		33322	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: March 26 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 26, 2014



Signature of a member or authorized representative of a member

Norman A. Lobban

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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