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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

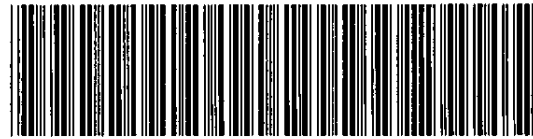
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 294875 8013434

AUTHORIZATION :

COST LIMIT : \$ 250.00

ORDER DATE : September 12, 2014

ORDER TIME : 12:37 PM

ORDER NO. : 294875-010

CUSTOMER NO: 8013434

DOMESTIC AMENDMENT FILING

NAME: BLUSH NAIL BOUTIQUE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUSH NAIL BOUTIQUE, 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:

KANHRAYA SOUNDARA
Name of Person

Firm/Company

149 B NE 2ND AVE
Address

DELRAY BEACH, FL 33444
City/State and Zip Code

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

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For further information concerning this matter, please call:

KANHRAYA SOUNDARA at (561) 762-1087
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

BLUSH NAIL BOUTIQUE, LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated SEPTEMBER 15, 2014.



Signature of a member or authorized representative of a member

KANHRAYA SOUNDARA, MEMBER

Typed or printed name of signee

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Filing Fee: \$25.00

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