

L14000174709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

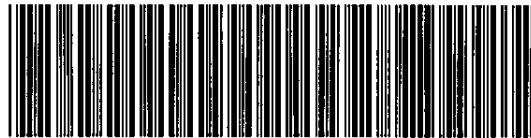
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 29 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nails By Tess  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresita Braham  
Name of Person

Nails By Tess  
Firm/Company

1711 NW 104 Terrace  
Address

Pembroke Pines, FL 33026  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rhonda Braham at (954) 600-7838  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 DEC 29 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

December 8, 2014

TERESITA BRAHAM  
1711 NW 104 TERRACE  
PEMBROKE PINES, FL 33026

SUBJECT: NAILS BY TESS, LLC  
Ref. Number: L14000174709

We have received your document for NAILS BY TESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 014A00025844

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: NAILS BY TESS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000174709

**THIRD:** Document to be corrected is:  
ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Members were initially assigned in error. The MGR should be <sup>R</sup>Teresita Braham  
and the Registered Agents should be Rhonda Braham.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Teresita Braham  
Signature of Authorized Representative

12-15-2014  
Date

**FILED**  
14 DEC 29 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.*

 Teresida Braham

(Signature of Registered Agent)

**FILED**  
14 DEC 29 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA