L14000186328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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608

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08/04/16--01029--006 **25.00

K. SALY EXAMINER

AUG 24



August 5, 2016

LADY SCHULMAN 3316 NW 125TH WAY SUNRISE, FL 33323

SUBJECT: VOGUE NAIL BAR LLC Ref. Number: L14000186328

We have received your document for VOGUE NAIL BAR 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Letter Number: 416A00016519

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: Vogi	ue Naïl Be Name of Limit	ar LLC ed Liability Company			
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.			
Please return all corresponde	nce concerning this matter to	o the following:		2[
	Ladu	Schulman Name of Person		•	زر
	<u> </u>	Firm/Company		PM 3: 59	
	3316 Nu	0 125th way		59	
	Sunrise /	F.L 33323 City/State and Zip Code			
-	Vogue Traba	to Camal · Com	ion)		
For further information conc	erning this matter, please cal	II:			
20dy Scholane of Pe	hulman	at (<u>786)</u> <u>60806</u> Area Code Daytime Te	lephone Number		
Enclosed is a check for the for	ollowing amount:				
□ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status &	

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

V5

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

ARTIC	CLES OF ORGA OF	NIZATION	FILER
Mame of the Limited	Liability Company as it n	ow appears on our reco	ZOIS AUG 22 AH II: 15
The Articles of Organization for this Limited Liab	oility Company were fil		177.0275
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability con	npany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Comp	any," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our recor	rds, enter the name of the new
Name of New Registered Agent:	Lady =	schulman	
New Registered Office Address:	3316 NW	125Th u Enter Florida street addr	Day ress
	<u>Sunoise</u>	<u>ر</u> ,۱	Florida <u>33323</u> 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, or removed f	Authorized Person(s) authorized to market our records:	anage, enter the title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rodriquez, Albania	3316 NW 125th way	Add
		Sunrise, FL 33323	Remove
			Change
			Add
			☐ Remove
	 		Ghange Remove
			Remove Brichangs
			□ Remove
		·	Change
			Add
			□ Remove
			Change
		·	
			☐ Remove
			☐ Change

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	onal)
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	.m. on the earlier o
ted August 18, 2016.	
Signature of amember or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00