15000071426

(Red	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	cument Number)	
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15 AUG 11 AM 9: 47

AUG 1 2 2015 T. HAMPTON

COVER LETTER

Division of Corp	orations		
SUBJECT:	NAIL GAWD, LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
•	Da	ANIA MARIE SAMBOLIN	
		Name of Person	
		NAIL GAWD, LLC	
		Firm/Company	
	185 S	W 7TH STREET, UNIT #1412	
		Address	**************************************
	M	IIAMI, FLORIDA 33130	
		City/State and Zip Code	
		33130	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	II:	•
DANIA MAF	RIE SAMBOLIN	305 842-9090 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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



RECEIVED

15 AUG 11 PM 3: 34

FLORIDA DEPARTMENT OF STATE OF STATE Division of Corporations (ALL MASSEE, FLORIDA

Letter Number: 815A00013488

June 26, 2015

DANIA MARIE SAMBOLIN 185 SW 7TH ST UNIT 1412 MIAMI, FL 33130

SUBJECT: NAIL GAWD, LLC Ref. Number: L15000071426

We have received your document for NAIL GAWD, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NAIL GAWD, LLC	
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited L Florida document numberE-V-9577884	iability Company were filed o	on $\frac{3/3i/15}{}$ and assigned
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name o	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	TAF 5
		See 5
		77 73 — T
Enter new mailing address, if applicable:		## F ITT
Mailing address MAY BE A POST OFFICE BOX)		FES 9 D
		TATE ORI
		P
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, enter the name of the ne
Name of New Registered Agent:	DANIA MARIE SAMBOL	IN
New Registered Office Address:	185 SW 7TH STREET, UN	IIT #1412
	Ent	ter Florida street address
	MIAMI	, Florida ³³¹³⁰
	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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA MOLINA SAMBOLIN	185 SW 7TH ST, UNIT #1412	
		MIAMI, FLORIDA 33130	■ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			
		•	□ Remove
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			Add
			☐ Remove
		-	TASE Change
			AUGAI Amove Chambge
			ORIGA Change

, D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
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Note:	tive date, if other than the date of filing:	nal) filing.) Pursuant to 6 date will not be li	05.0207 (3)(b) sted as the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a e 90th day after the record is filed.	.m. on the ear	lier of:
Dated	JUNE 1 Signature of a member or authorized representative of a member	- 1 00 - 1	
	Signature of a member of authorized representative of a member	5 AUG SECRET/RI ALL AHASS	ELL TOPONY A COMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCOMMENSAGE ACCO
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Filing Fee: \$25.00