L15000096264

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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J. HARRIS

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: _ ちし	H COHST M	AIL SPA	
	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	F	Name of Person	
		Name of Person	 -
		Firm/Company	
	659 Su	VEST BRIDE DA	? .
		Address DA	
	OLDEMAK	FL 34677 City/State and Zip Code	-
		City/State and Zip Code	···
	SUN CONST	to be used for future annual report notifi	cil , com
For further information co	oncerning this matter, please of	·	eanu)
M216	ALI	$\frac{\text{at } (\overline{727})}{\text{Area Code}} \frac{22}{\text{Daytime}}$	6-3304
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th			
□ \$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)
	NG ADDRESS:	STREET/COURIE Registration Section	
	ition Section	registration section	
	of Corporations	Division of Corpora Clifton Building	

JX1



July 27, 2017

FAZIL ALI 659 SWEET BRIAR DR OLDSMAR, FL 34677

SUBJECT: SUNCOAST NAIL SPA, LLC

Ref. Number: L15000096264

We have received your document for SUNCOAST NAIL SPA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

2017 AUG -7 PH 12: 41

Letter Number: 717A00015217

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUH COAST /	VAIL SPA, LCC			
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.)			
	(10)15			
The Articles of Organization for this Limited Liability Company				
Florida document number <u>L 1 5 0000 96</u> 26	4			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3500 25th ST HORTH ST. PETERSBURG FR 33713			
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG FR			
	33713			
Enter new mailing address, if applicable:	SAME AS AROVE !			
•	77.77			
(Mailing address MAY BE A POST OFFICE BOX)				
D 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
registered agent and or the new registered office address nere	•			
N CN B 1				
Name of New Registered Agent:				
New Registered Office Address:	_			
	Enter Florida street address			
	Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is			

If 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>	Name	Address	Type of Action
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		OCOSMAR FL 34677	™ Remove
			Change
m BR	SAPHANAVY MIK	3500 25th ST N	Add
		ST. PETERS BURG FL	□ Remove
		33713	Change
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te: If the date insert	ted in this block does no	and cannot be prior to date of a of meet the applicable statu			
cument's effective da	ate on the Department of	of State's records.			
record specifies	a delayed effective er the record is file	e date, but not an effe ed.	ective time, at 12:	:01 a.m. on the earli	er
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The 90th day afte		of a member or authorized repr	esentative of a member	ZEIT AUG - T	
The 90th day after $8 - 2$		of a member or authorized repr LI UE Typed or printed name of			

Page 3 of 3

Filing Fee: \$25.00