

L15000183485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

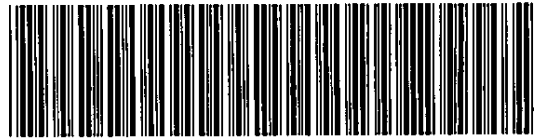
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB 17 PM 3:28
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

FEB 17 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2017

MARTHA C RUIZ
6504 PINES BLVD
PEMBROKE PINES, FL 33024

SUBJECT: FAMILY SUN NAIL SALON, LLC
Ref. Number: L15000183485

RECEIVED
2017 FEB 17 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FAMILY SUN NAIL SALON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 117A00002367

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family Sun nail Salon, 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:

Martha @. Ruiz

Name of Person

Marathon @. Ruiz

Firm/Company

840 NW 69th Ave / 6504 Pines Blvd

Address

Hollywood, FL 33024 (For Both)

City/State and Zip Code

estefys3008@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha @. Ruiz

Name of Person

at 786 971 7555

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

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

Family Sun Nail Salon, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APR 22, 2016 and assigned Florida document number 115000183485

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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

MGR = Manager
AMBR = Authorized Member

18 FEB 17 10:30 AM
☐ Change
☐ Add
☐ Remove
☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

17 FEB 17 PM 3:25
CLERK OF SUPERIOR COURT
STATE OF FLORIDA
TALLAHASSEE

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

2/13/17

Martha O. Ruiz

Signature of a member or authorized representative of a member

Martha O. Ruiz

Typed or printed name of signee