

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PINNACLE SIGNATURE GROUP, INC.
Account Number : I20150000126
Phone : (386)675-6595
Fax Number : (386)675-6595

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SISSY NAILS LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

2019 DEC 19 PM 1:45
FILED
TALLAHASSEE, FLORIDA

2019 DEC 19 PM 2:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SISSY NAILS 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:

MARIO DAVIS

Name of Person

PINNACLE SIGNATURE GROUP, INC.

Firm/Company

927 BEVILLE ROAD SUITE 109

Address

SOUTH DARTMOUTH, FLORIDA 32119

City/State and Zip Code

MDAVIS@PINNACLESIGNATURE.COM

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

For further information concerning this matter, please call:

PHEBE FUQUA

at (386) 675-6595

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SISSY NAILS, 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 12/19/2019 and assigned
Florida document number 120150000126.

This amendment is submitted to amend the following:

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

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRUC VU	1404 SPRINGLEAF DRIVE	<input checked="" type="checkbox"/> Add
		ORMOND BEACH, FLORIDA 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THIBN VU	1445 SPRINGLEAF DRIVE	<input checked="" type="checkbox"/> Add
		ORMOND BEACH, FLORIDA 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VU, HANNAH	2829 REGENT CRESCENT	<input type="checkbox"/> Add
		SOUTH DAYTONA, FLORIDA 32119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 01/01/2020 (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 DECEMBER 15 2019

Am. Lib.

Signature of a member or authorized representative of a member

HANNAH VU

Typed or printed name of signee