## L16000109345

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SECRETARY OF STATE
AHASSEL FLORIDA

D. BRUCE JAN 0 9 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2016

MARIA SILVA 158 WEST BAY DR LARGO, FL 33770

SUBJECT: VILLA BLANCA NAILS LLC

Ref. Number: L16000109345

2011 JAN -6 AM 9: 37

We have received your document for VILLA BLANCA NAILS LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00027526

2017 JAN -6 A D

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

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 ORGANIZATION OF

VILLA BLANG	CA NAILS "LLC.
(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  If SO WEST RAY DR  HARLO FL 33770  mailing address, if applicable:  I SO WEST RAY DR  LARLO FL 33770  Mending the registered agent and/or registered office address on our records, enter the name of the new usent and/or the new registered office address here:  The Registered Office Address:  I SO WEST RAY DR  LARLO FL 33770  The principal office address on our records, enter the name of the new usent and/or the new registered office address here:  The principal office Address:  The principal office Address:  I SO WEST RAY Dr  LARLO FL 33770  The principal office Address on our records, enter the name of the new usent and/or the new registered office address here:  The principal office Address:  LARLO FL ARLO FL 33770  City  Florida 33770  The principal office Address of the new registered office address on our records, enter the name of the new usent and/or the new registered office address here:  The principal office Address of the new registered office address on our records, enter the name of the new usent and/or the new registered office address here:  The principal office address of the principal of the new registered office address on our records, enter the name of the new usent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new usent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the ne
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:	158 WEST BAY DR
(Principal office address MUST BE A STREET AL	DDRESS) LARGO FL, 33770
Enter new mailing address, if applicable:	158 WEST BAY DR
(Mailing address MAY BE A POST OFFICE BOX	LARGOFL, 33770
Name of New Registered Agent:	TO THE STATE OF TH
New Registered Office Address:	Enter Florida street address
	± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Agent's Signature, if changing Regist	tered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	otional) fter filing.) Pursuant to 605.0207 this date will not be listed as
the record specifies a delayed effective date, but not an effective time, at 12:0 ) The 90th day after the record is filed.	1 a.m. on the earlier of
Dated 12th of Ducor MB & R. 12016.  Signature of a member or authorized representative of a member	
MARIA N. SILVA Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00