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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIG POLISHABIT BEYOND NAIL SALON, LLC.

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S Warren

AUG 1 8 2016

Electronic Filing Menu

Corporate Filing Menu

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### Polishabit Beyond 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 06/16/2016 and assigned Floridz document number L16000116512.

This amendment is submitted to amend the following:

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

	3	123	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "abbreviation "L.L.C."	1 (7)		*******
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Enter new principal offices address, if applicable:	25.8	,,,,,,	E Christian
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Enter new mailing address, if applicable:		₽,	_
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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:

### 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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled to merely reflect a change in the registered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records.</u>

MGR= Manager AMBR= Authorizes Member

Title Name
MGR SARAH FERNANDA ALMEIDA
RODRIGUEZ

Address
2400 W Sample Rd
Suite 7
Pompano Beach, FL
33065

Units

500

Type of Action

☑ Add

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If amending any other information, enter changes(s) here: (Attach additional she	ets, if necessary.)
<del></del>	
Effective date, if other than the date of filling: 98/95/2016 (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date are the date this document is filled by the Fiorida Department of States)  Datept 08/05/2016.  Signature of a member or authorized representative of a	
Karina T Botto - Manager	
The second secon	~
Page 2 of 2	FILED  IS NIG 17 A D 35  IS NIG 17 A D 35  IS NIG 17 A D 35
	Effective date, if other than the date of filling: 08/08/2018 (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date are the date this document to filed by the Florida Department of States)  Datest 08/08/2016.  Signature of a member or authorized representative of a Karina T Botto - Manager  Typed or printed name of signee