h16000176588

(Requestor's Name)
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PICK-UP WAIT MAIL
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T. MATTHEWS JUL 19 2022

COVER LETTER

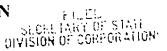
TO:

Registration Section

Division of Cor	porations		
SUBJECT: JH NAILS	, I.LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHANNA HERNANDE	7	
	JOHANNA HERNANDE	Name of Person	
		Firm/Company	
	9831 NW 58TH STREET	UNIT 147 Address	
	DORAL, FL 33178	, idaicus	
	JHNAILSUSA@GMAIL.C	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
JOHANNA HERNANDEZ		at (786) 325-4592	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for th	he 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	-
Tallahassee,		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JH NAILS, LLC

22 MAY 16 AM 9: 06

(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 09/21/2016	and assigned
Florida document number L16000176588		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Florid	la
	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 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
MGR	JOSE C. LIZARRALDE	5741 NW 112 AVE #114	■Add
		MIAMI, FL 33178	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing:			
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