Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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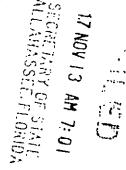
Account Name : HISPANUSA INC Account Number : 120070000099 Phone : (954)478-2706 Fax Number : (954)934-0334

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp			
LUXURY H	AIR, NAILS AND SPA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ESTHER PENA-NOBOA	-	
		Name of Person	
	LUXURY HAIR, NAILS	and spaille	
	UXURY HAIR, NAILS AND SPA LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: ESTHER PENA-NOBOA Name of Person LUXURY HAIR, NAILS AND SPA LLC Firm/Company \$197-4 N UNIVERSITY DR Addiess TAMARAC, FL 33321 City/State and Zip Code E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: IA-NOBOA Name of Person Area Code Daytime Telephone Number heck for the following amount: ng Fee Certificate of Status Certified Copy (addingas) copy is enclosed) MAILING ADDRESS: Registration Section Division of Comporations STREET/COURTER ADDRESS: Registration Section Division of Comporations		
	8197-4 N UNIVERSITY D	PR .	
		Address	-
	TAMARAC, FL 33321		
		City/State and Zip Code	
	É-mail address: (to be used for future annual repor:	notification)
For further information co	ncerning this matter, please co	all:	
ESTHER PENA-NOBOA		954 822-971'	7
Name of	Person	Arca Code Da	ytime Telephone Number
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\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registra	ation Section	Registration S	ection
Division	of Corporations	Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY HAIR, NAILS, AND SPA LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) odiry Company)	 -
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L17000095809		
	ते ।	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Comment of the designation of I C" or the	abbrariation "L L C."
The new name must be distinguishable and contain the words "Limited Liability	Company, the designation fire of the	7
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
(Frincipal uffice damess MOST BE A STREET THE ENGLESS)		တို့ကို ယ မှုက
•		ES 3 Mr.
	•	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the n
Name of New Registered Agent:	<u> </u>	
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>	Name	Address	Type of Action
MGR	IRMA L. VELASQUEZ	7671 TAMARAC ISLAND CIR	= Add
		TAMARAC, FL 33321	□ Remove
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he record specifies a The 90th day after	delayed effection the record is fil	ve date, but no led.	et an effective 1	ime, at 12:01	a.m. on t	the ea	rlier of
Dated		2017	_ ·				
25Th	- Portal	of a member or auth	erized representative	of a member			
	2.8						

Page 3 of 3