

L17000139312

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
FEB 12 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dazzling Hair and Nail Salon 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:

Daisy E Caraballo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

921 woodsong way

\_\_\_\_\_  
Address

clermont fl 34714

\_\_\_\_\_  
City/State and Zip Code

dey0225@gmail.com

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

For further information concerning this matter, please call:

Daisy E Caraballo

352 2239738  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DAZZLING HAIR AND 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 JUNE 27 2017 and assigned Florida document number L 17000139312.

This amendment is submitted to amend the following:

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

Daisie Nails & Spa LLC

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:**

Lopez Plaza 2558 US highway 17 92 N haines city FL 33844

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

1342 Raintree Bend apt. 105 clermont FL 34714

**(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:

Daisy E. Caraballo

New Registered Office Address:

1342 Raintree Bend apt 105

*Enter Florida street address*

Clermont FL

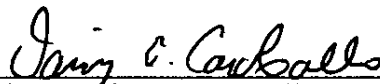
Florida 34714

*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	DAISY E CARABALLO	921 WOODSONG WAY CLERMONT	<input checked="" type="checkbox"/> Add
		FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIEL J CARRION		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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ional)

**E. Effective date, if other than the date of filing:** February 5, 2018 (optional) 254  
014  
150  
(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 FEBRUARY 5, 2018

Irving & Carobalt  
Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

DAISY E CARABALLO

Typed or printed name of signee