

LIT000191922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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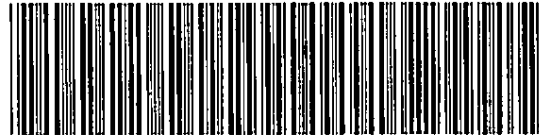
(Business Entity Name)

(Document Number)

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2017 OCT 20 P 3:49
INDEPENDENT BANK

D SCOTT

OCT 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandsational Hair + Nail Designs
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:

Calandra Sands
Name of Person

Firm/Company

801 S Dixie Hwy W #5
Address

Pompano Beach, FL 33060
City/State and Zip Code

CDJsands@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calandra Sands at (954) 708-0581
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

FILED

2017 OCT 20 PM 3:17

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

Sandsational Hair + Nail Designs

(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 9/14/17 and assigned Florida document number LC0001922.

This amendment is submitted to amend the following:

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

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:

(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 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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maxie Sands	4731 NE 1st Terr	<input type="checkbox"/> Add
		Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Calandra Sands	4731 801 S Dixie Hwy W	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33060	<input type="checkbox"/> Remove
		Suite 5	<input type="checkbox"/> Change
MGR	Maxie Sands	801 S Dixie Hwy W #5	<input type="checkbox"/> Add
		Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 OCT 20
POMPA
CLERK OF DISTRICT COURT
FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 10/17, 2017.

Calandra Linn's

Signature of a member or authorized representative of a member

Calandra Sands

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00