

L17000244963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

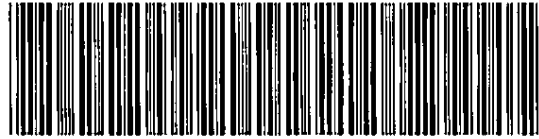
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Thank you for giving us this opportunity to serve you. Details are only available for shipments delivered within the last 120 days. Please print for your records if you require this information after 120 days.

Sincerely,

THE BACK OF THIS DOCUMENT CONTAINS AN "AMSCOT" ARTIFICIAL WATERMARK - HOLD AT AN ANGLE

AMSCOT

INTERNATIONAL MONEY ORDER

The Money Superstore

PAY TO THE
ORDER OF

Florida Department of State

BB-480 2192480093

1031 08/08/2018

AMSCOT
CORPORATION
P.O. BOX 25137
TAMPA, FL
33622-5137

Andres Garcia

FIFTY AND 00/100 DOLLARS

US \$50.00

2192480093

NOT VALID FOR MORE THAN ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500)

AMSCOT CORPORATION

Andres Garcia

PURCHASER AND PAYEE AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE OF THIS DOCUMENT

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

1031031049001

4297 2192480093

COVER LETTER

4 pages

1-

ATTN: Michelle
Mulligan

Fax: 850-245-60

TO: Registration Section
Division of CorporationsSUBJECT: Mi Luz ART, 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:

Luvia F. Garcia
Name of Person

Firm/Company

4634 Hickory Stream Ln.
AddressMaulberry, FL 33860
City/State and Zip Codenevaeh7433@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luvia F. Garcia
Name of Person

at (813)

263-8776
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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr Luz ART, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 SEP -7 PM 12:12
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/29/2017 and assigned
Florida document number 217000244963.

This amendment is submitted to amend the following:

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

Mr Luz Nails & ART, 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:

(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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

4-7

E. Effective date, if other than the date of filing: _____ (optional)

(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 Sept 7, 2018.

[Signature]
Signature of a member or authorized representative of a member

Winf Garcia
Typed or printed name of signee

2018 SEP -7 PM 12:12
SECRETARY OF STATE
MAIL ROOM

FILED