

LIB 000081284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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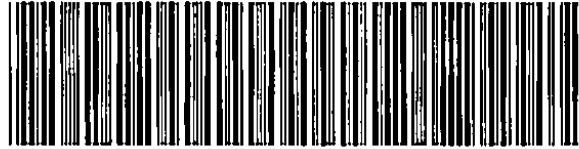
(Business Entity Name)

(Document Number)

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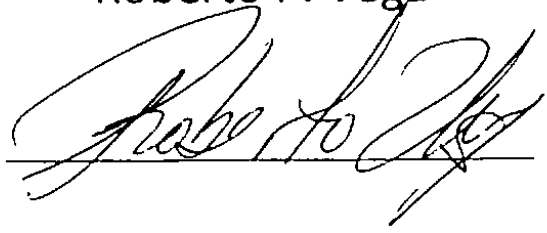
I ROBERTO P VEGA hereby give OLGA VEGA a 100% of my Shares as well as 100% of the ownership and Full Control of VELAY NAILS & SPA LLC. Including but not limited of all the assets and Responsibilities.

VELAY NAILS & SPA LLC

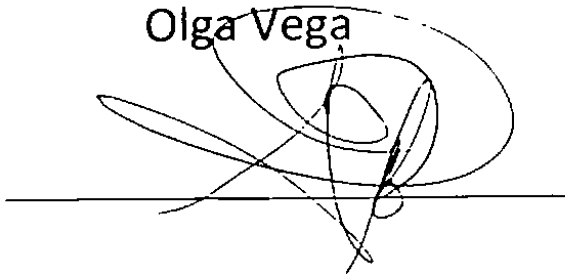
Principal Address: 1701 W. Wetherbee Rd. # 771374 Orlando Florida. Zip 32877

Document # L1000081284

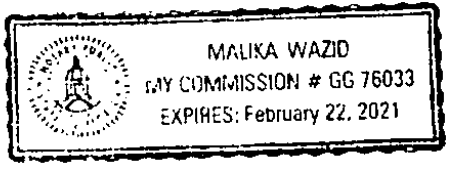
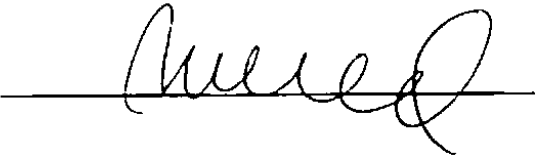
Roberto P. Vega



Olga Vega



Witness



CT: VELAY NAILS & SPA LLC
Name of Limited Liability Company

Return all correspondence concerning this matter to the following:

ORLANDO FLORIDA 32877 US

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

For information concerning this matter, please call:

OLGA VEGA at (407) 340-3103
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

☐ 0 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)

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

VELAY NAILS & SPA LLC

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

Articles of Organization for this Limited Liability Company were filed on 03-29-2018 and assigned
document number L1000081284.

Amendment is submitted to amend the following:

Intending name, enter the new name of the limited liability company here:

N/A

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

New principal offices address, if applicable:

Home office address MUST BE A STREET ADDRESS

1701 W. WETHERBEE RD.
771374
Orlando FL. 32877

New mailing address, if applicable:

Home address MAY BE A POST OFFICE BOX

1701 W. WETHERBEE RD.
771374
ORLANDO FL. 32877

Intending 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:

OLGA VEGA

New Registered Office Address:

1701 W. WETHERBEE RD. # 771374

Enter Florida street address

Orlando

City

Florida

32877

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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

ved from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
2 ROBERTO P. VEGA		<input type="checkbox"/> Add
26 S. ORANGE BLOSSOM TRAIL ORLANDO FL. 32809		<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
R IVONNE L.		<input type="checkbox"/> Add
S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809		<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
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: X (optional)

If the 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Ord 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 filing.

X

Signature of a member or authorized representative of a member

OLGA VEGA

Typed or printed name of signee