

L18000094362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

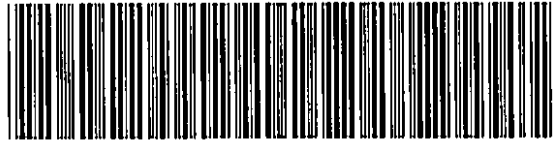
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 27 AM 7:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

2 SIMMONS
AUG 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nail Journey 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:

Shakevia Simon
Name of Person

Nail Journey
Firm/Company

21215 NW 37th Ave
Address

Miami Gardens FL 33054
City/State and Zip Code

nail.journey18@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakevia Simon at 954 3800841
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)

Already sent payment

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

2018 AUG 27 PM 11:12

NOTED

3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2018

SHAKEVIA SIMON
21215 NW 37TH AVE
MIAMI GARDENS, FL 33056

SUBJECT: NAIL JOURNEY LLC
Ref. Number: L18000096362

We have received your document for NAIL JOURNEY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00011931

ED

RECEIVED

2018 JUN 20 AM 10:36

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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

Nail Journey 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 April 17, 2018 and assigned Florida document number L18000096362

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)

21215 NW 37th Ave
Miami Gardens FL 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O Box 681147
North Miami FL 33168

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:

Shakevia Simon

New Registered Office Address:

13300 Alexandria Dr. Apt 319

Enter Florida street address

Opa Locka, FL

City

Florida

33054

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

Title	Name	Address	Type of Action
AP	Shakevia Simon	13300 Alexandria Dr. Apt 319	<input type="checkbox"/> Add
		Opa Louka Fl 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shakevia Simon	21215 NW 37th Ave	<input type="checkbox"/> Add
		Miami Gardens Fl 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Shakevia Simon	21215 NW 37th Ave	<input type="checkbox"/> Add
		Miami Gardens Fl 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shakevia Simon	21215 NW 37th Ave	<input checked="" type="checkbox"/> Add
		Miami Gardens Fl 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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U.S. DEPARTMENT OF JUSTICE

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18

(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)

Dated Aug. 24, 2018, 2

Signature of a member or authorized representative of a member

Shakevia Simon
Typed or printed name of signee