L19000011650

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(Address)
(verses,
(Address)
(City/State/Zip/Phone #)
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2019 MAY -2 AM 10: 27

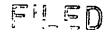
C. GOLDEN MAY 1 4 2019

COVER LETTER

Division of Co				
	IM NAILS MIAMI LLC			
SUBJECT:	Name of Lim	ited Liability Company		
		N. 15 61		
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	DAVID BAUER			
		Name of Person		
	THE BAUER LAW OFFI	CE P.A.		
	THE BAUER LAW OFFICE P.A. Firm/Company 814 PONCE DE LEON BLVD, SUITE 210 Address			
	814 PONCE DE LEON BLVD, SUITE 210			
		Address		
	CORAL GABLES, FL 33	134		
		City/State and Zip Code		
	ka.miamirealtor@gmail.cor			
		to be used for future annual report notif	reation)	
For further information	concerning this matter, please concerning	all:		
DAVID BAUER		305 712-7979		
Name	of Person	at () Area Code Daytime	e 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)	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY -2 AM 10: 27

POSH MIA LLC			t with the	
(Name of the Limi	ted Liability Compa (A Florida Limited I	i <mark>ny as it now appea</mark> Liability Company)	irs on our records.)	
The Articles of Organization for this Limited I. Florida document number L19000011650	iability Company	were filed on $\frac{0}{}$	1/09/2019 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the o	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7251 NE 2nd Ave, Suite 104		
Principal office address MUST BE A STREET ADDRESS)		Miami, FL 331	38	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7251 NE 2nd A Miami, FL 331		
3. If amending the registered agent and egistered agent and/or the new registered o			n our records, enter the name of the ne	
Name of New Registered Agent:	David Bauer, E	isq.		
New Registered Office Address:	814 Ponce de L	eon Blvd, Suite 2	10	
	Enter Florida street address			
	Coral Gables		, Florida	
		Cuy	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>	Address	Type of Action
MGR	KATHERINE AGUILAR	7251 NE 2nd Ave. Suite 104	= Add
		Miami, FL 33138	□ Remove
			Change
MGR	ADALIS CARBO	7251 NE 2nd Ave, Suite 104	
		Miami, FL 33138	☐ Remove
			Add
			□ Remove
			Change
			Remove
			Change
			
			☐ Remove
			□ Change
<u>.</u>		 	Add
			□ Remove
			☐ Change

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an effecti ote: If	ve date is listed, the the date inserted i	han the date of e date must be specif in this block does on the Departmen	fic and cannot be p not meet the ap	plicable statutory	or more than 90 day	(optional) s after filing.) Pursuant is, this date will not b	to 605.0207 (be listed as t
					ve time, at 12	:01 a.m. on the (earlier of:
ated	03/	the record is fi		TA			
				11///			
		Signature	of a member of	utherized represent	ative of a member		

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Filing Fee: \$25.00