

L1900000 57887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

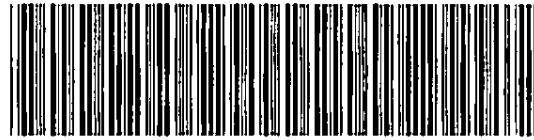
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB 24 AM 10:32
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STATE OF FLORIDA

MAR 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mua Beauty Salon & Nail Spa 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:

Amavry Gonzalez Gonzalez
Name of Person

Mua Beauty Salon & Nail Spa LLC
Firm/Company

3905 West Flagler St Apt 06
Address

Miami FL 33134
City/State and Zip Code

amavrygonzalez0107@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amavry Gonzalez Gonzalez at (786) 498 3293
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

Hva Beauty Salon & Nail Spa LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	Maryeli Valladares	7360 NW 5 th St Miami FL 33126	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
20 FEB 24 PM 10:32
CLERK

20 FEB 21 AM 10:32

20 FEB 21 AM 10:32

(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 February 20 . 2020

Signature of a member or authorized representative of a member

Amaury Gonzalez Gonzalez
Typed or printed name of signer

Filing Fee: \$25.00