

L19000084397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

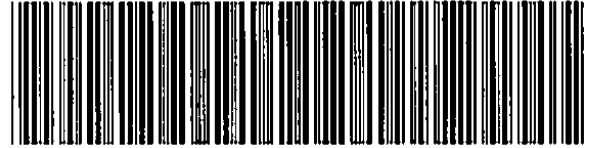
(Business Entity Name)

(Document Number)

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19 JUN 26 4H10 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JUN 26 2019

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diamond Nail Bar 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:

Diamond Barr

Name of Person

Firm/Company

10970 NW 14th ave Apt J-105

Address

Miami FL 33167

City/State and Zip Code

brrdmnd@yahoo.com

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

For further information concerning this matter, please call:

Diamond Barr

Name of Person

at (786)

Area Code

444-0809

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 32314

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

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

Diamond Nail Bar 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 March 27, 2019 and assigned  
Florida document number L19000084397

This amendment is submitted to amend the following:

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

The Beauty District of Miami 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)

1554 N.E 165<sup>th</sup> Street  
North Miami Beach, FL  
33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10970 NW 14<sup>th</sup> ave Apt J-16  
Miami FL 33167

**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>
AMBR	Erica Floyd	1554 N.E 165 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		North Miami Beach Fl	<input type="checkbox"/> Remove
		33162	<input type="checkbox"/> Change
AMBR	Diamond Barr	10970 NW 14 <sup>th</sup> ave	<input checked="" type="checkbox"/> Add
		Apt J-105 Miami Fl	<input type="checkbox"/> Remove
		33167	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 JUN 28 AM 10 55  
FILED  
Add  
Remove  
Change

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

Only the Name of the Business and also  
the address of the Business and I  
also want to Do a add on for a Authorize  
Member which her name is Erica Floyd

FILED  
19 JUN 26 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)(

**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

6/17/2019



Signature of a member or authorized representative of a member

Diamond Barr

Typed or printed name of signee