

LP 000 194 491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

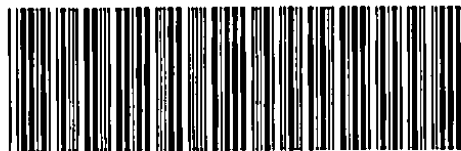
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/19--01005--024

SEP 19 2019
TALLAHASSEE, FLORIDA

77 SULKER

SEP 30 2019

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

ARTICLES OF ORGANIZATION
OF

PAINTED NAIL BAR & Co 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 07/17/2019
Florida document number L19000184491

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 abbrevia

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

**B. If amending the registered agent and/or registered office address on our records, enter the n-
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Scott C Sherman

New Registered Office Address:

6534 Lake Pembroke Place

Enter Florida street address

Orlando

City

Florida

32829

Zip C

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 c-
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

AMBR = Authorized Member

Address

6534 Lake Pembroke Pl
Orlando, FL 32829

1816 Cypress Ridge Dr
Orlando, FL 32825

6534 Lake Pembroke Pl
Orlando, FL 32829

September 13, 2019

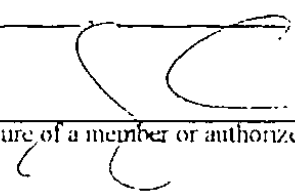
E. Effective date, if other than the date of filing: _____ (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 effective date.
(b) The 90th day after the record is filed.

Dated September 13, 2019



Signature of a member or authorized representative of a member

Scott Sherman

Typed or printed name of signee