

LI9000 196394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

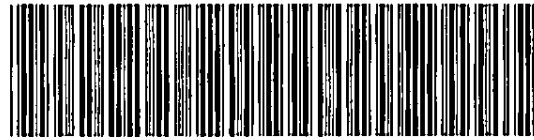
(Business Entity Name)

(Document Number)

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2019 DEC -6 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

JAN 11 2020

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAILED IT JO. 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:

OSIEL RUIZ

Name of Person

NAILED IT. JO LLC

Firm/Company

604 EMIL AVE

Address

FORT PIERCE, FL 34982

City/State and Zip Code

osielruiz1989@gmail.com

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

For further information concerning this matter, please call:

OSIEL RUIZ

772 812-0774  
at ( )

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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

NAILED IT JO, 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 08/01/2019 and assigned  
Florida document number L19000196394.

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)**

604 EMIL AVE

FORT PIERCE, FL 34982

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

604 EMIL AVE

FORT PIERCE, FL 34982

**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:

OSIEL RUIZ

New Registered Office Address:

604 EMIL AVE

*Enter Florida street address*

FORT PIERCE

Florida 34982

*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>
MGR	OSIEL RUIZ	604 EMIL AVE	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DALLANA ESTRADA	712 WISTERIA AVE	<input type="checkbox"/> Add
		FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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12/02/2019

**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.

Dated NOV 27TH, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee