

L19000299280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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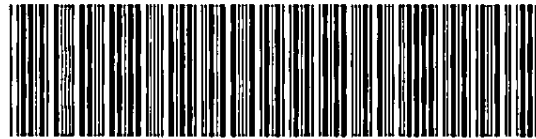
(Business Entity Name)

(Document Number)

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MAR 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madrina Aesthetics Nail Studio, 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:

Kimberly D. Scott
Name of Person

Madrina Aesthetics Nail Studio, LLC
Firm/Company

P.O. Box 61353
Address

Fort Myers, FL 33906
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly D. Scott at (239) 822-2660
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
Tallahassee, FL 32314

Street Address:

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

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

Madrina Aesthetics Nail Studio, 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 12.6.2019 and assigned Florida document number L19000299280.

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)

2950 Winkler Ave # 301
FORT MYERS, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 61353
FORT MYERS, FL 33906

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>
MGR	Liara S. Scott	3525 Milan Dr. #103	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Beriquasha L. Williams	3525 Milan Dr. #103	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR AMBR	Kimberly D. Scott	3525 Milan Dr. #103	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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.

Kimberly D. Scott
Signature of a member or a

Signature of a member or authorized representative of a member

Kimberly D. Scott
Typed or printed

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
MADRINA AESTHETICS NAIL STUDIO, LLC

Filing Information

Document Number L19000299280
FEI/EIN Number 84-3926718
Date Filed 12/09/2019
Effective Date 12/06/2019
State FL
Status ACTIVE

Principal Address

9841 BERNWOOD PL DR. SUITE 21
FORT MYERS, FL 33966

Mailing Address

P.O. BOX 61353
FORT MYERS, FL 33906

Registered Agent Name & Address

SCOTT, KIMBERLY D
3525 MILAN DR
103
FORT MYERS, FL 33916

Authorized Person(s) Detail

Name & Address

Title MGR

SCOTT, CIARA S
3525 MILAN DR 103
FORT MYERS, FL 33916

Title MGR

WILLIAMS, BENQUASHA L
3525 MILAN DR 103
FORT MYERS, FL 33916

Annual Reports

No Annual Reports Filed

Document Images

12/09/2019 -- Florida Limited Liability

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