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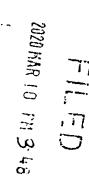
(Requestor's Name)	_
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		•
	E NAIL SPA, LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIANE TORRES		
		Name of Person	
		Firm/Company	
	11200 SW VILLAGE PA	· ·	
	· · · · · · · · · · · · · · · · · · ·	Address	
	PORT ST LUCIE, FL 349	87	
		City/State and Zip Code	
	DNTORRES31@GMAIL.		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
DIANE TORRES		954 648-0498 at ()	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTICE NAIL SPA, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000303589</u>	npany were filed on 12/12/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1020 HAR
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the i	name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Florids	·
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DEFOTIOUS MAIL ODA LLO

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>	Address	Type of Action
AMBR	PHAM, CINDY	11200 SW VILLAGE PARKWAY	🗆 Add
		PORT ST LUCIE. FL 34987	
			□Add
			□ Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗀 Add
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ffective date, if other t an effective date is listed, the lote: If the date inserted i ocument's effective date	n this block does not r	reannot be prior to c neet the applicable	late of filing or more	than 90 days after 1iti	ng.) Pursuant to 605,0207
record specifies a delayed is filed.	effective date, but not	an effective time	, at 12:01 a.m. on t	the earlier of: (b)	The 90th day after the
ated MARCH 4		2020			
)ion C	member or authorize	ed representative of	a member	
DIANE TORR			,	· · · · · · · · · · · · · · · · · · ·	
		Typed or printed n	ame of cianos		

Filing Fee: \$25.00