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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

NAILS AN SUBJECT:	ND LASHES TIME LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondence	ondence concerning this matter	to the following:					
	YIK ING CHAO						
		Name of Person					
	NAILS AND LASHES TI	ME LLC					
		Firm/Company					
	35151 SW 218TH AVEN	UE.					
		Address					
	HOMESTEAD, FL 33034						
		City/State and Zip Code					
	kyam421@yahoo.com						
	E-mail address: (to be used for future annual report no	ification)				
For further information of	concerning this matter, please c	all:					
KIM YAM		718 541-0430					
Name o	of Person	Area Code Daytir	nc Telephone Number				
Enclosed is a check for the	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 Address		Street Address:	nation				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 632	•	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAILS AND LASHES TIME LLC					
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company were filed on JANUARY 10th 2020 Torida document number L20000009603					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liabili	ity company here:				
	(A	- 			
ne new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev				
nter new principal offices address, if applicable:		<u></u>			
Principal office address MUST BE A STREET ADDRESS)	## T	$\frac{1}{\omega}$ \hat{i}^{n}			
	5).	- i - :			
	11/2	<u>х</u>			
nter new mailing address, if applicable:	프용				
• • • • • • • • • • • • • • • • • • • •					
Mailing address MAY BE A POST OFFICE BOX)					
. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, enter the name of	the new regis			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				

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.

City

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	YIK I YAM	35151 SW 218TH AVENUE	□Add
		HOMESTEAD, FL 33034	■Remove
			□Change
AMBR	YIK ING CHAO	35151 SW 218TH AVENUE	≣ Add
		HOMESTEAD, FL 33034	□Remove
			□Change
			ST PAdd ALCO JANGER PRemove
			Change 55
			□Remove
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Effective date, if other than the date is listed, the date must be	te of filin specific an	ig:id cannot be	prior to da	te of filing	or more than	(0 1 90 days a	ptional) fter filing.) l	Pursuant	to 605.0207
Note: If the date inserted in this block	does not	meet the ap	pplicable	statutory	filing requ	rements.	this date w	rill not b	e listed as
document's effective date on the Depa	rtment of	State's rec	ords.						
e record specifies a delayed effective da rd is filed.	ite, but no	ot an effecti	ive time,	at 12:01 a	um, on the	carlier of	(b) The	90th day	y after the
JANUARY 23RD		2020							
Dated		.,	<u></u>	>					
	/		" L		ative of a me				

Typed or printed name of signee