

L20000100456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 JUL -2 AM 7:52
CLERK OF COURT

cc/cu
Amend
Name chg

JUL 12 2021
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knot Just Nails, 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:

Lakeshia Williams
Name of Person

Knot Just Nails, LLC
Firm/Company

2453 NW 9th Street
Address

Fort Lauderdale, FL, 33311
City/State and Zip Code

Knotjustnails20@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lakeshia Williams at (954) 297-4013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



RECEIVED

2021 JUL -2 PM 3:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2021

LAKEISHA WILLIAMS
2653 NW 9TH STREET
FORT LAUDERDALE, FL 33311

SUBJECT: KNOT JUST NAILS, LLC
Ref. Number: L20000100456

We have received your document for KNOT JUST NAILS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00012291

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 JUL -2 AM 7:52

Knot Just Nails, 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 4.10.20 and assigned
Florida document number 120000100454

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Euphorik Opulence, LLC

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)

2850 NW. 4th Street

Apt. 311

Oakland Park, FL 33309

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lakeshia Williams

New Registered Office Address:

2850 NW 4th Street, Apt 311,

Enter Florida street address

Oakland Park

City

Florida

33309

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.

Lakeshia Williams

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

mcR Lakeshira Williams 2850 NW 44th Street ☐ Add
Apt 311 ☐ Remove
Oakland Park, FL 33309 ☒ Change

☐ Add☐ Remove☒ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

[illegible]

(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.

Lakesha Williams
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00