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Registration Section
Division of Corporations

IVIS NAILS LLC BJECT: Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: ANA I HERNANDEZ Name of Person **IVIS NAILS LLC** Firm/Company 5209 COCONUT BLVD Address WEST PALM BEACH, FL 33411 City/State and Zip Code anaivis94@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: **4A IVIS HERNANDEZ** 268-3330 Daytime Telephone Number Name of Person closed is a check for the following amount: 1 \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on ______ and assigned orida document number L20000278348 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5209 COCONUT BLVD ter new principal offices address, if applicable: WEST PALM BEACH, FL 33411 incipal office address MUST BE A STREET ADDRESS) SAME AS ABOVE ter new mailing address, if applicable: ulling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

IVIS NAILS LLC

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ot the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records:

GR = Manager

ABR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
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