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COVER LETTER

Division of Cor					
SUBJECT: Po		Vail Bay UL ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LIN	de Hubberd Name of Person			
	1513	5 McCyca Day. Firm/Company	<u>Q</u>		
	lu	Fe K 33549	<u> </u>	2021	
	Poss	City/State and Zip Code	il Borr, UC	2020 OCT -1 - ## 3: 00	
	Poshan Elmail address: (id PoUST-20CCMG to be used for future annual report noti	J. Com	10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
For further information c	oncerning this matter, please ca	all:		- 10 B	
HnDa H	r Person	at (& 3) 494 - Daytim	7474 e Telephone Number		
Enclosed is a check for the	ne following amount:				
1 S25.00 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 State Certified Copy (additional copy is enc		

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

	on Nail Borr, UC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>(K.)</u>
The Articles of Organization for this Limited Liability Co Florida document number <u>L200028</u> 0984		000 and assigned
	<u>L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	Nail BAY UC	
The new name must be distinguishable and contain the words "Lumi	ited Liability Company," the designation "LLC	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28
(Principal office address MUST BE A STREET ADDR	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1- 02 2.55
		11. 11. 10.0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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(If an effi Note:	ive date, if other than the date of filing: 9990000000000000000000000000000000000	suant to 60 not be lis	95.0207 (sted as t	3)(b) he
f the record ecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t led.	h day aft	er the	
Dated _.	9/18/2020 Signature of a member or authorized representative of a member			
	Linda G Hubbard Typed or printed name of signee			

Filing Fee: \$25.00