

L20000280984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

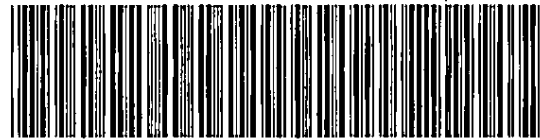
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
FEBRUARY 19, 2021  
FILING OFFICE

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Handwritten signature/initials

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Posh & Polished Nail Bar, 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:

Linda Hubbard  
Name of Person

Posh & Polished Nail Bar, LLC  
Firm/Company

1513 McCrea Drive  
Address

Lutz, FL 33549  
City/State and Zip Code

poshandpolish20@gmail.com  
Email address: (to be used for future annual report notification)

SECRET  
TALLAHASSEE, FL  
STATE

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For further information concerning this matter, please call:

Michelle Santiago  
Name of Person

at (727) 904-2452  
Area Code Daytime Telephone Number

Enclosed is a check for the 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:**

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**

Push & Polished Nail Bar, 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 9/9/2020 and assigned  
Florida document number L20000280984

This amendment is submitted to amend the following:

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

Push & Polished Beauty Bar, 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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, 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>	<u>Address</u>	<u>Type of Action</u>
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STATION OF STATE  
TOLLWAY RECEIPT

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2024 FEB 19 PM 3:22  
STOCKTON COUNTY  
TREASURER'S OFFICE

9/1/2021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 21/11/2021

2021 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Linda Hubbard  
Typed or printed name of signee