120000229922

	(Requestor's Name)	
		
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(C	
	(Document Number)	
Certified Copies	Certificates of St	atus
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Special Instructions to	Eiling Officer	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of fac. File LTD Partnership File Foreign Corp. File L.C. File Ficutions Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissellation / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Fictions Name Coff Record Search Fictions Search Fictions Search Fictions Search Fictions Search Driving Record Vehicle Search Driving Record Requested by: Name Date Time UCC 11 Search UCC 11 Retrieval					
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Trade/Service Mark					
Merger File					
Art. of Amend. File				1	
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Photo Copy					Annual Report / Reinstatement
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Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search					Certificate of Status
Officer Search					Certificate of Fictitious Name
Fictitious Search					Corp Record Search
Fictitious Owner Search					Officer Search
Vehicle Search					Fictitious Search
Vehicle Search	Signature				Fictitious Owner Search
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Name Date Time UCC 11 Retrieval Walk-In Will Pick Up Courier	Requested by:				UCC 1 or 3 File
Walk-In Will Pick Up Courier	Name	Date	Time		UCC 11 Search
					UCC 11 Retrieval
	·				Courier

COVER LETTER

TO: Registration S Division of Co			
ELY NAII	LS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CLAUDIA MEJIA		
		Name of Person	
		Firm/Company	
	5247 W 26TH CT		
	-	Address	
	HIALEAH FL 33016		
	CMLOGISTIC@YAHOO.	City/State and Zip Code COM	
	-	to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
CLAUDIA MEJIA		786 216-5697	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELY 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 Florida document number $\frac{1.20000329922}{}$.	were filed on 10/19/20	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ELY SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		. <u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
		752	
B. If amending the registered agent and/or registered office a	ddress on our record	is, enter the name of the new re	gistered
agent and/or the new registered office address here:			m 7
			71
Name of New Registered Agent:		IN D. LE	<u></u>
New Registered Office Address:		77 5	
	Enter Florida str	reet address P1	
		, Florida	
Nam Barintanad Amarela Simanana (Cabanaira Darintanad Amare	City	z.tp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	luties, and I am familiar with areer 605, F.S. Or, if this documer	nd
If Chan	ging Registered Agent, Si	gnature 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
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Depa	specific and cannot be prior to dat does not meet the applicable s		ling.) Pursuant to 605.0207 (
record specifies a delayed effective da is filed.	ate, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
JANUARY 25th	2022		
ated JANUARY 25th	day Rodrigue	z	
Elia	day Rodrique gnature of a member or authorized		

Filing Fee: \$25.00