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COVER LETTER

TO:

TO: Registration Division of 0	i Section Corporations	•	•
Spa Bab	y, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Wallace Brown		
		Name of Person	
	Lambert Lanza, CPAs, P.A	Λ.	
		Firm/Company	(O D)
	3700 Creighton Road, Suit	te I	
		Address	
	Pensacola, FL 32504		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	admin@lambertlanza.com		F1 2
For further informatic	E-mail address: (on concerning this matter, please c	to be used for future annual report noti	fication)
	in concerning this matter, please c		
Wallace Brown	CD.	850 484-2900 at ()	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or 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)
P.O. Box 6	n Section f Corporations		porations Tallahassee e Street, Suite 810
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spa Baby, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 2/3/2021 and assigned
lorida document number L21000060600	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	v here:
Nail Art Club, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enton many main single offices address of applicables	
nter new principal offices address, if applicable:	(2 5)
Principal office address MUST BE A STREET ADDRESS)	
	$\frac{1}{\omega}$
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	77 10
3. If amending the registered agent and/or registered office address on o	ur records, <u>enter the name of the new registe</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	#19 · · ·
Cin	, Florida

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗀 Add
			☐Remove
			□Add
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
		·	□ Remove
			□Change
			□Add
			□Remove
			□ Change

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Iffective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be does not meet the	applicable statutory	g or more than 90 days		
e record specifies a delayed e		ut not an effect	ive time, at 12:	01 a.m. on tl	ne earlier of
The 90th day after the recor					
February 7	, 2023				
Dated	2023 gnature of a member of	or authorized represen	ntative of a member		