

L21000064572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/12/21--01018--032 **52.50

12/11/21 2:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 24 PM 2:26

5/24/21
FLORENCE, FL

May 5, 2021

HAYDEE E. HILARIO
758 CAPE COD CIR.
VALRICO, FL 33594

SUBJECT: LAQUEEN D NAILS & MISC LLC
Ref. Number: L21000064572

We have received your document for LAQUEEN D NAILS & MISC LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00009347

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Queen D Nails & misc 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:

Haydee Escobar Hilario
Name of Person

LaQueen D Nails & Misc LLC.
Firm/Company

758 Cape Cod Circle
Address

Valrico FL 33594
City/State and Zip Code

Haydeehilario@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Haydee Hilario at 813 503-1221
Name of Person 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)

previously included

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**

Steve G. Escobar

(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 05/05/2021 and assigned Florida document number L21000064572

This amendment is submitted to amend the following:

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

Same

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2036
Valrico FL 33595

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:

Haydee Escobar Hilario

New Registered Office Address:

758 Cape Cod Circle

Enter Florida street address

Valrico

City

Florida

33594

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.

Haydee Escobar Hilario

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>
MGR	Steve Escobar	758 Cape Cod Circle	<input type="checkbox"/> Add
		Valrico Fl. 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Haydee E. Hilario	758 Cape Cod Circle	<input checked="" type="checkbox"/> Add
		Valrico Fl. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Company registered under wrong name

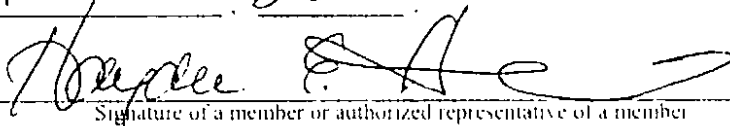
E. Effective date, if other than the date of filing: 05/21/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 21, 2021



Signature of a member or authorized representative of a member

Haydee Escobar Allen, D

Typed or printed name of signer