

L21 000 K52 268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

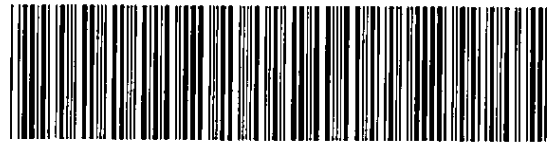
(Business Entity Name)

(Document Number)

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02/20/24--01014--004 **25.00

2024 FEB 20 11:45

COVER LETTER

TO: Registration Section
Division of Corporations

Luxy & Beauty LLC

SUBJECT: _____
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:

Lina A Montenegro Perez

Name of Person

Firm/Company

515 Park Ave, Suite 216

Address

Winter Park, FL 32792

City/State and Zip Code

naileditsalonbiz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lina A Montenegro Perez

407

988-8889

at ()

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)

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 210

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Luxy & Beauty 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 04/01/2021 and assigned
Florida document number 121000152268

This amendment is submitted to amend the following:

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

NAILED IT SALON 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:

515 Park Ave, Suite 216, Winter Park, FL 32792

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

515 Park Ave, Suite 216, Winter Park, FL 32792

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

515 N Park Ave, Suite 216

Enter Florida street address

Winter Park

Florida 32792

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

MGR = Manager
AMBR = Authorized Member

[illegible]

NA

2021 FEB 10 PM 4:45

(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)

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.

2024

Dated

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lina Montenegro
Typed or printed name of

Typed or printed name of signee