

4/25/24, 6:38 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H240001521593

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(((H240001521593)))



H240001521593ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-6230

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: citi.taxes@yahoo.com

RECEIVED

2024 APR 30 AM 11:05

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VL NAILS DORAL LLC

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2024 APR 30 AM 11:26

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Corporate Filing Menu

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T. LEMIEUX

MAY 01 2024

H240001521593

## COVER LETTER

1124000152159 3

TO: Registration Section  
Division of Corporations

SUBJECT: VL NAILS DORAL 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.

ARMANDO VASQUEZ

Name of Person

CITI TAXES LLC

Firm/Company

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City/State and Zip Code

citi.taxes@yahoo.com

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

For further information concerning this matter, please call:

ARMANDO VASQUEZ

305

803-4427

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 810  
Tallahassee, FL 32303

1124000152159 3

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

H24000152159 3

VL NAILS DORAL 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 04/21/2021 and assigned  
Florida document number L21000172060.

This amendment is submitted to amend the following:

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

MARK GUARDIAN GROUP 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:

3403 NW 82nd AVE SUITE 101J

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33122

Enter new mailing address, if applicable:

3403 NW 82nd AVE SUITE 101J

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33122

**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:

LINDA LONDONO

New Registered Office Address:

3403 NW 82nd AVE SUITE 101J

*Enter Florida street address*

DORAL

*City*

Florida 33122

*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

H24000152159 3

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

H124000152159 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDA LONDONO	3403 NW 82nd AVE SUITE 101J	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIVAN LEON	10555 NW 41 STREET, STE 7	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000152159 3

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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)(h)

**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 ABRIL 25 2024

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

LINDA LONDONO

Typed or printed name of signee

H24000152159 3

**Filing Fee: \$25.00**