4/12/22, 12:45 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000132719 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:_

9 :드 고

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE RITZY NAIL BAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TZY NAIL BAR LLC	
(Name of the Limited)	lability Company as it now appears on our florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 05/27/202	and assigned
Florida document number L21000249425	 -	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
THE R	ITZY BEAUTY SUITES LLC	
The new name caust be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	2022
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		20. 2 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		F=:: 2
Name of New Registered Agent:		enter the name of the new registered
New Registered Office Address:	Enter Florida stree	t address
		LLC y," the designation "LLC" or the abbreviation "L.L.C." 202 Application of the new registered of the new registered of the new registered of the new registered of this capacity. I further agree to comply with the new of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been natified in writing of this change in the change in the change in the change in the change of this change in the change	and complete performance of my dua red agent as provided for in Chapter istered office address, I hereby conf	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent Sign	store of New Resistered Appet

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 = Anthorized Member

<u>Title</u>	Name	Address	Type of Action
			□∧₫₫
			□ Remove
	,		□Change
			□Remove
			[]Change
			□Add
į			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			☐ Change
			□Add
			☐ Remove
			Change

	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Management of the Assessment of the College of the
	The second secon
	THE PERSON OF TH
	The second secon
	The same of the sa
	The state of the s
	AND THE PROPERTY OF THE PROPER
	With demand and the second state of the second
	The state of the s
	The state of the s
	A STANDARD STANDARD CONTRACTOR CO
rr_	rilse date, if other than the date of filing:
in ote	effective that is listed, the date must be specific and caused be process date of filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as insent's effective date on the Department of State's records
rec is	ord 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 filed
sic.	APPRI, 1) 2022
	Signature of a member of authorized representative of a member
	MARISOL ORTIZ

Filling Fee: \$25.00