La1000280773

(Re	questor's Name)	
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PICK-UP		MAIL
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COVER LETTER

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TO: Registration Section Division of Corporations

· · ,

NAILS BY ADA

SUBJECT: _

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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:

MIGUEL A BROCHE

Name of Person

NAILS BY ADA

Firm/Company

8215 SW 152ND AVE APT G304

Address

MIAMI, FL 33193

City/State and Zip Code

ADANAILS085@GMAIL.COM

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

For further information concerning this matter, please call:

 MIGUEL A BROCHE
 786
 6910162

 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) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

NAILS BY ADA LLC

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(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	06/16/2021 and assigne	:d
Florida document number L21000280773		

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	[9] [9] [9] [9] [9] [9] [9] [9] [9] [9]
	22
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
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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:

-		, Florida Zip Code
New Registered Office Address:	Enter Florida street ac	ddress
Name of New Registered Agent:		

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 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
MGR	MIGUEL A BROCHE	8215 SW 152ND AVE APTG304	□ Add
		MIAMI, FL 33193	IRemove
			Change Change
MGR	ADAMILY BALLMAJO	8215 SW 152ND AVE APTG304	□Add
		MIAMI, FL 33193	🗆 Remove
			GRemove CB
			□Ghange
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			[]Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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)(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

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.

06/21/2021	8:00 AM
Dated	
	a formant
	Signature of a member or authorized representative of a member

document's effective date on the Department of State's records.

MIGUEL A BROCHE RODRIGUEZ

Typed or printed name of signce