

LZI 000 387 593

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	<u> </u>
Special Instructions to Filing Officer.	

Office Use Only



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2024 SEP 12 PM 5: 44
SECRETARY OF STATE

COVER LETTER

SUBJECT: Nails	s By Nasha		
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Nashayer	Name of Person	dez
		Fire(Consequence	
		Firm/Company	
	3315 38th -	Terrace East	
	Bradenton	FL 34208 City/State and Zip Code	
		0 be used for future annual report notifi	ication)
For further information con	cerning this matter, please ca	all:	
		0.1	
NashqueN	<u>azurio Mend</u>	Area Code Daytime	0254
Name of P	erson	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)

Mailing Address:

and the second

Registration Section **Division of Corporations**

TO:

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

(A Florida Li	mited Liability Company)	,
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000387593</u> .	npany were filed on AUC	JUST 30, 202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	CES BY N (15) I Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	2024 SEP SECILE 1
Enter new mailing address, if applicable:		12 T
(Mailing address MAY BE A POST OFFICE BOX)		PH 5: ILL
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	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 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
<u> </u>			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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an effect ote: If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _ <u>_</u>	september 5, 2024.
	Signature of a member or authorized representative of a member
	Signature of a member of aminorized representative of a member
	Nashaye Nazario Méndez Typed or printed name of signee