L21000404182

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAE NAILS 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:
Elizabeth Bonilla Name of Person
HAC NAILS LLC Firm/Company
147 NE 36th terrace
Homestead, FL 33033 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Bonilla at (305) 342-1003 Name of Person at (305) Daytime Telephone, Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certificate of St
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

MAE NAILS L	<u>LC</u>
(Name of the Limited Liability Compan- (A Florida Limited Lia	y is it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on 09/13/2021 and assigned
Florida document number <u>L2\000404182</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company the designation "L.L.C., or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	**
	<u> </u>
	C
Control of the Contro	· 72
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad	
gent and/or the new registered office address here:	idiess on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	F9
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
hereby accept the appointment as registered agent and agree	r to act in this capacity. I further agree to comply wit

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

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
MOR	Elizabeth Bonilla	197 NE 30th terrace	X Add
		Hornestrad, FL 33033	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Change
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	03
fective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e iled.	earlier of: (b) The 90th day after th
October 5 2021	
Signature of a member or authorized representative of a member of authorized sepresentative of a member of a membe	