

L21000409072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

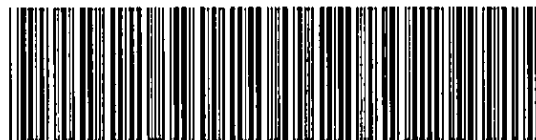
(Document Number)

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FILED  
2021 SEP 29 AM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NANA'S BEAUTY SALON 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:

WILFREDO ORTIZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13966 SW 276TH WAY

\_\_\_\_\_  
Address

HOMESTEAD FL 33032

\_\_\_\_\_  
City/State and Zip Code

NANASBEAUTYSALONLLC@GMAIL.COM

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

For further information concerning this matter, please call:

WILFREDO ORTIZ

786 512-0027  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2021 SEP 29 AM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLA.  
(records.)

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILFREDO ORTIZ	13966 SW 276TH WAY	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORMA BATISTA RODRIGUEZ	13966 SW 276TH WAY	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33032	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	WILFREDO ORTIZ	13966 SW 276TH WAY	<input type="checkbox"/> Add
		HOMESTEAD FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	NORMA BATISTA RODRIGUEZ	13966 SW 276TH WAY	<input type="checkbox"/> Add
		HOMESTEAD FL 33032	<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
			<input type="checkbox"/> Change

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

CHANGING AGENTS FROM P AND VP TO MGR AND AMBR. ALSO NORMA WAS MIS-SPELLED

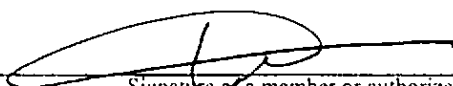
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 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 SEPTEMBER 24, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

WILFREDO ORTIZ

\_\_\_\_\_  
Typed or printed name of signee