## K22000009910

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| JUN 2 4 2022                            |
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| A. LUNT                                 |
|   |

Office Use Only



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05/03/22--01022--011 (\*20.10

## **COVER LETTER**

| TO: Registration Sc<br>Division of Cor |  |   |   |
|--|--|---|---|
| EL ARCA SUBJECT:                       | BEAUTY SALON LLC                             | •   |   |
| SUBJECT:                               | Name of Lim                                  | nited Liability Company   | <del></del>   |
|  |  |   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | ALEXANDER NUNEZ                              |   |   |
|  | -  | Name of Person  |   |
|  |  | Firm/Company  |   |
|  | 11985 Collier B                              | , .   |   |
|  | THE COLD TO                                  | Address   | <del></del>   |
|  | NAPLES, FL 34116                             |   |   |
|  | CORSEDVICESOAOLO                             | City/State and Zip Code   |   |
|  | CGPSSERVICES@AOL.C<br>E-mail address: (      | to be used for future annual report not                             | (fication)  |
| For further information e              | oncerning this matter, please c              | all:  |   |
| ALEXANDER NUNEZ                        |  | 239 465-2532<br>at ()   |   |
| Name o                                 | f Person                                     | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for the            | ne following amount:                         |   |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S          |  | <u>Street Address:</u><br>Registration Se                           | ection  |
| Division of C                          | orporations                                  | Division of Co  | rporations  |
| P.O. Box 632<br>Tallahassee, l         |  | The Centre of 2415 N. Monro   | Fallahassee<br>oc Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EL ARCA BEAUTY SALON LLO  |   |   |                                  | _                    |
|---|---|---|----------------------------------|----------------------|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited | ny as it now appears on our r<br>Liability Company) | records.)                        |                      |
| The Articles of Organization for this Limited L Florida document number L22000009910    | iability Company                          | were filed on 01/03/2022                            |                                  | and assigned         |
| This amendment is submitted to amend the following                                      | owing;                                    |   |                                  |                      |
| A. If amending name, enter the new name of  | f the limited liah                        | oility company here:                                |                                  |                      |
| The new name must be distinguishable and contain the                                    | vords "Limited Liabi                      | lity Company," the designation                      | "LLC" or the abb                 | reviation "L.L.C."   |
| Enter new principal offices address, if appli   | able:                                     | 1985 Coll   | er Blud                          | Ste 2                |
| (Principal office address MUST BE A STREI   | ET ADDRESS)                               | Naptel, Fl  | 34116                            |                      |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE      | <u>BOX)</u>                               | 11985 (1985)<br>NAPLES, FL 34116                    | Blvd Sta                         | ²- <u>)</u>          |
|   |   |   |                                  |                      |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ~   | address on our records, g                           | enter the name                   | of the new registere |
| Name of New Registered Agent:   | ALEXANDER                                 | NUNEZ   |                                  |                      |
| New Registered Office Address:  | 2148 42ND ST                              | SW  |                                  |                      |
|   |   | Enter Florida street                                | address                          |                      |
|   | NAPLES                                    |   | _, Florida <u><sup>341</sup></u> | 16                   |
|   | <del></del>                               | 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 |
|--------------|-------------------|-------------------------|----------------|
| MGR          | PROVIDENCE DE AZA | 3051 ORANGE GROVE TRAIL | □Add           |
|              |                   | NAPLES, FL 34120        | ■Remove        |
|              |                   |                         |                |
| MGR          | ALEXANDER NUNEZ   | 2148 42ND ST SW         | <b>≣</b> Add   |
|              |                   | NAPLES, FL 34116        | []Remove       |
|              |                   |                         |                |
|              |                   |                         | □Add           |
|              |                   |                         | □Remove        |
|              |                   | <del></del>             | □Change        |
|              | - <del></del>     |                         |                |
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|              |                   |                         | ∏Change        |

| Mective date, if other than the date of filing:  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 605.025 date; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occurrent's effective date on the Department of State's records.  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 is filed.  APRIL 19  2022  Signature of a member or authorized representative of a member   | CHANGE OF REGISTERED                           | on, enter change(s) here: (Attach additional sheets, if necessary.)  AGENT AND OWNERSHIP   |
|--|--|--|
| Signature of a member or authorized representative of a member  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records.  Percord 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 d is filed.  Signature of a member or authorized representative of a member   |  |  |
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|  | APRIL 19                                       |  |
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