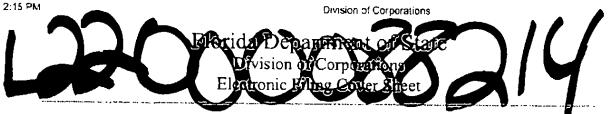
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAILS BY PRINCESS LLC

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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NAILS BY PRINCESS LLC			
(Name of the Lim	ited Liability Company as it now so (A Florida Limited Liability Compa	pears on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on	01/19/2022	and assigned	
Florida document number L22000038214			•	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compan	y here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the	abbroviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<del></del>	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX			
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	ir records, enter the us	me of the new registered	
Name of New Registered Agent:	KATHERIN C MOLINA		<u> </u>	
New Registered Office Address:	1149! NW 2ND STAPT 112		<del>7</del> <del>8</del> -	
		Florida street address	二 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	
	MAMI	, Florida <sup>3</sup>	Zan Code IX	
New Registered Agent's Signature, if changing	Registered Agent:		1: L STAT LORN	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance gistered agent as provided for e registered office address, I h	e of my auties, and 1 am in Chapter 605, F.S. O	r, if this document is	

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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>	Name	Address	Type of Action
AMBR	MOLLINA, KATHERIN	11491 NW 2ND ST APT 112 MIAMI, FL 33172	□Add
			≣Remove
AMBR	KATHERIN C MOLINA	11491 NW 2ND ST APT 112 MIAMI, FL 33172	<b>B</b> Add
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Effective date, if other than to if an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific a block does not	nd cannot be pris t meet the appl	or to date of filing of cable statutory f	r more than 90 days	optional) after filing,) Pursuant is , this date will not be	605.0207 : listed as
e record specifies a delayed effected is filed.	tive date, but n	ot an effective	time, ar 12:01 a.	m. on the earlier o	f. (b) The 90th day	after the
Dated MARCH 14		2022	·			

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