

H22000166821 3

Florida Department of State
Division of Corporations
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(((H22000166821 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120190000092
Phone : (754) 202-8663
Fax Number : (754) 636-2620

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

Email Address: FLLbusiness@outlook.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NABETSY STYLISH LLC**

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T. LEMIEUX

MAY 10 2022

H22000166821 3

H22000166821 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NABETSY STYLISH 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:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8350 W STATE ROAD 84

Address

DAVIE, FL 33324

City/State and Zip Code

FLLBusiness@outlook.com

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

For further information concerning this matter, please call:

XIANNY CHINCHILLA

754

202-8663

at ()

Name of Person

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

H22000166821 3

H22000166821 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NABETSY STYLISH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2022 and assigned
Florida document number L22000131365.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5400 S UNIVERSITY DR

STE 107

DAVIE, FL. 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5400 S UNIVERSITY DR

STE 107

DAVIE, FL. 33328

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

H22000166821 3

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

H22000166821 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIRIAM PANCORBO FIGUERO.	5400 S UNIVERSITY DR	<input type="checkbox"/> Add
		STE 107	<input type="checkbox"/> Remove
		DAVIE, FL. 33328	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000166821 3

H22000166821 3

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

[illegible]

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 MAY 9TH, 2022

Miriam Pancorbo Figueroa

Signature of a member or authorized representative of a member

MIRIAM PANCORBO FIGUEROA

Typed or printed name of signee

H22000166821 3

Filing Fee: \$25.00