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(Address)	5003947
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(City/State/Zip/Phone #)	
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(Document Number)	09/26/22~-
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COVER LETTER

TO.

Registration Section

Division of Co	rporations			
	NAILS BY DIANA LLC			
SUBJECT:	Name of Lir	mited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	RODRIGO POSADA			
		Name of Person		
	GRUSHOFF & POSADA			
		Firm/Company		
	6991 W BROWARD BLV	D STE105		
		Address		
	PLANTATION, FL 33317	7		22 S
	annysoficast@gmail.com	City/State and Zip Code		SEP 26
		to be used for future annual report not	fication)	
For further information of	concerning this matter, please c	all:		PH 3: 32
RODRIGO POSADA		954 316-2590 at ()		32
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co)	of Status &
Mailing Address Registration Solvision of Control P.O. Box 632 Tallahassee, Solvies	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGEL'S NAILS BY DIANA 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 MARCH 25,2022 and assigned Florida document number L22000146295 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AMBR	CORREA, DIANA A	2246 FILLMORE ST, APT 9	■Add
		HOLLYWOOD, FL 33020	□Remove
			□Change
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an effective	ate, if other that date is listed, the date	ite must be speci	fic and cannot b	e prior to date	of filing or mo	re than 90 days	optional) safter filing.) Pursuant to	605.020
tote.	date inserted in teffective date on	ims block does	noi meet ine a	ipplicable sta	itutory filing	requirement	s, this date	will not be	listed a
record spend is filed.	rifies a delayed el	fective date, by	at not an effec	tive time, at	12:01 a.m. or	the earlier	of: (b) Th	e 90th day a	ifter the
SEPT	EMBER 16		\longrightarrow , $\frac{2022}{}$	<u>. </u>					
Dated				I -					