

L22 000 307 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

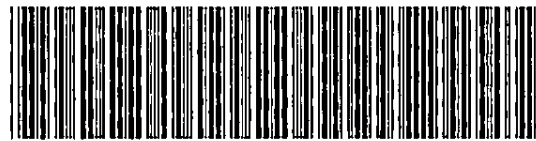
(Business Entity Name)

(Document Number)

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FILED
2022 SEP 21 AM 7:55
FILING OFFICE

DEC 20 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

MORPHOSIS NAILS, LLC

SUBJECT: _____
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:

CAROLINA B. OSORIO

Name of Person

MORPHOSIS NAIL CLINIC AND SPA, LLC

Firm/Company

12048 CREEK PRESERVE DRIVE

Address

RIVERVIEW, FL 33579

City/State and Zip Code

MORPHOSISNAILSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

CAROLINA B. OSORIO

405

245-2964

Name of Person

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MORPHOSIS NAILS, LLC

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

2022 SEP 21 AM 7:55

The Articles of Organization for this Limited Liability Company were filed on 07/14/2022 and assigned
Florida document number 1.22000307505

This amendment is submitted to amend the following:

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

MORPHOSIS NAIL CLINIC AND SPA, LLC

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)

MORPHOSIS NAIL CLINIC AND SPA

605 WEST BLOOMINGDALE AVENUE, SUITE 1

BRANDON, FL. 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MORPHOSIS NAIL CLINIC AND SPA, LLC

605 WEST BLOOMINGDALE AVENUE, SUITE 1

BRANDON, FL. 33511

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:

605 WEST BLOOMINGDALE AVENUE

Enter Florida street address

BRANDON

Florida 33511

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

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>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		605 W. Bloomingdale Ave. Brandon, FL 33511	<input checked="" type="checkbox"/> Change
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		<hr/>	<input type="checkbox"/> Remove
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

September 9th 2022

Dated _____.

Signature of a member or authorized representative of a member

Typed or printed name of signer