

L2200034880

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(City/State/Zip/Phone #)

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JUL 10 2024
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07/10/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gioh Saenz Nails Designer 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:

Cristiane D Ventura

Name of Person

Excellence Virtual Administrative Services LLC

Firm/Company

2121 S Hiawasse Rd Suite 116

Address

Orlando, FL 32835

City/State and Zip Code

admin@excellenceservices.org

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

For further information concerning this matter, please call:

Cristiane Ventura

321 419-6041

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

paid

☐ \$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**

GIOH SAENZ NAILS DESIGNER 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 08/08/2022 and assigned
Florida document number L22000348902.

This amendment is submitted to amend the following:

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

DANI BARBER 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)

2337 LAKE DEBRA DR APT 0524

ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2337 LAKE DEBRA DR APT 0524

ORLANDO, FL 32835

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:

EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC

New Registered Office Address:

2121 S HIAWASSEE RD SUITE 116

Enter Florida street address

ORLANDO

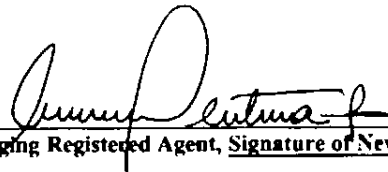
City

Florida 32835

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

[illegible]

[illegible]

(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)

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.

Giovanna Oliveira da Silva
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00