

L23000009351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MISSSPINKDOT876NAILS "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:

NYOKA S FACEY JONES

Name of Person

MISSSPINKDOT876NAILS "LLC"

Firm/Company

5342 NW 27TH ST BLDG 29 APT 2

Address

LAUDERHILL FLORIDA 33313

City/State and Zip Code

Zipyhilltop@hotmail.com

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

For further information concerning this matter, please call:

NYOKA S FACEY JONES

at ( 407 )

860-6868

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

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

MISSSPINKDOT876NAILS "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 01/04/2023 and assigned  
Florida document number L23000009351.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

JONES, NYOKA S FACEY

New Registered Office Address:

5342 NW 27TH ST BLDG 29 APT 2

*Enter Florida street address*

LAUDERHILL

*City*

Florida 33313

*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.*

Nyoka Facey Jones  
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>                      |
|--------------|----------------------|-------------------------------|--|
| MGR/OW       | JONES, NYOKA S FACEY | 5342 NW 27TH ST BLDG 29 APT 2 | <input checked="" type="checkbox"/> Add    |
|              |                      | LAUDERHILL FLORIDA 33313      | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
| AMBR         | JONES, JAHMUL        | 5342 NW 27TH ST               | <input checked="" type="checkbox"/> Add    |
|              |                      | LAUDERHILL FLORIDA 33313      | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
| AMBR         | SMITH, KERRY-ANN     | 75 MELODY DRIVE               | <input checked="" type="checkbox"/> Add    |
|              |                      | POOLER GEORGIA 31322          | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
| REGISTRAR    | MOSSE, PRESELD A R   | 44 COURT DRIVE                | <input type="checkbox"/> Add               |
|              |                      | DESTIN, FL 32541              | <input checked="" type="checkbox"/> Remove |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |

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 TALLAHASSEE, FL  
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This image shows a single page from a notebook or ledger. It features ten horizontal black lines spaced evenly across the page, providing a guide for writing. The lines are parallel and extend from the left edge to the right edge of the page. There is no handwriting or other markings on the paper.

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.

Dated 3/1/2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

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The 90th day after the  
U.S. DEPT. OF STATE  
COLLIER COUNTY, FL