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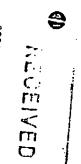
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	

Office Use Only



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2024 JAN 29 PM 2: 02



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COVER LETTER

'TO: Registration So Division of Con			
Karina Nai	ls, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yuriria K. Martinez Torre	s	
		Name of Person	
	Karina Nails, LLC		
		Firm/Company	
	2020 Pritchard St		
		Address	·
	Panama City FL 32405		
		City/State and Zip Code	
	karinamartonails@gmail.co		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	otification)
Yuriria K Martinez Torr		626 433-5500	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303



February 2, 2024

BLACK BUTTERFLY COMMUNICATION, LLC

SUBJECT: NAILED BY KARINA Ref. Number: W24000015013

We have received your document for NAILED BY KARINA and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 824A00001940

2024 FEB -2 PH 2: 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Karina Nails Limited Liability Company

2024 FEB -2 PM 2: 53

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on o	ur records.)
(A Fiorida Limited	Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	02/06/20	TALLAMASSEE, FEURIDA 23
	were filed on	and assigned
Florida document number L23000065049		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Nailed by Karina LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2510 W 17th St	
(Principal office address MUST BE A STREET ADDRESS)	Panama City FL 3240	5
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 record	s, enter the name of the new registere
agent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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
			□Add
		-	□Remove
			☐Change
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			DChange
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
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01/01/2024		
fective date, if other than the date of filing:		
te: If the date inserted in this block does not meet the applicable st	itutory filing requirements, this date wi	Il not be listed a
cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
econd specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The S	Oth day after the
record specifies a delayed effective date, but not an effective time, at is filed. State January 16	12:01 a.m. on the earlier of: (b) The 9	Oth day after the

Filing Fee: \$25.00