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COVER LETTER

TO:	Registration Sec Division of Corp			
eun Ir.	Braid Mob	b LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		Mariah Bass		
			Name of Person	
		Dolce Vita Nailz LLC		
			Firm/Company	
		176 Autumn Breeze Way		
			Address	
		Winter Park, FL 32792		
			City/State and Zip Code	
		dolcevitanailz@gmail.com	to be used for future annual report notif	5-stion)
				icanomy
For furt	her information c	oncerning this matter, please co	111:	
Maria	n Bass		407 716-2112 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclose	d is a check for th	ne following amount:		
7 <u>52</u> :	5.00 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/23/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Dolce Vita Nailz LLC		
The new name must be distinguishable and contain the words "Limited I iabil	ity Company." the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	176 Autumn Breeze Way	
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32792	_
	176 Autumn Breeze Way	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Winter Park, FL 32792	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	Flori	
	Cny	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
			□Add
			□Remove
		<u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
		, <u></u>	□ Remove
			□Change

Changing principal a	and mailing addresses to 176 Autumn Breeze Way Winter Park, FL 32792
All other information	n is the same
	· · · · · · · · · · · · · · · · · · ·
	
Note: If the date inserted in	tan the date of filing: (optional) 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) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the in the Department of State's records.
f the record specifies a delayed ecord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 2	2024
	Signature of a member or authorized representative of a member

Typed or printed name of signee