L23000112410

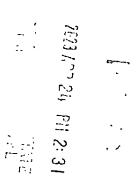
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (losioss) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



400406888444

in in the second of the second



COVER LETTER

Registration Section

TO:

| Div | ision of Cor | porations | | | | |
|--|-----------------------------------|--|---|--|--------------|------------|
| ALIN 117275 | Tatis Nail C | Cave LLC | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| The enclosed | l Articles of | Amendment and fec(s) are sub | mitted for filing. | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | Tatiana Pena | | | | |
| | | | Name of Person | <u>. </u> | - | |
| | | | | | _ | |
| | Firm/Company | | | | | |
| | | 4444 Rio Grande Ave Apt | 222A | | , | L-3 |
| Address | | | | | | - C. C. |
| | | Orlando, Florida 32839 | | | · · : | 2673 Fr.2 |
| | | | City/State and Zip Code | | <u> </u> | 2 <u>-</u> |
| | | nailsbyytatiana@gmail.con | | | | |
| For fu rthe r in | nformation co | E-mail address: (oncerning this matter, please of | to be used for future annual report not all: | ification) | | 2: 31 |
| Tatiana Pen | a | | 786 641-7607 | | • • | |
| | Name of | f Person | Area Code Daytin | ne Telephone Numbe | Γ | |
| Enclosed is a | check for th | ne following amount: | | | | |
| ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status | | - | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Statu | |
| | iling Addres | | Street Address: Registration So | ection | | |
| Registration Section Division of Corporations | | | Division of Co | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Tatis Nail Cave LLC | | |
|--|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | iny as it now appears on our records. Liability Company) |) |
| The Articles of Organization for this Limited Liability Company | v were filed on 03/03/2023 | and assigned |
| lorida document number 1.23000112410 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liab | oility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | <u> </u> | |
| Principal office address MUST BE A STREET ADDRESS) | 12112000 | ا با الله الله الله الله الله الله الله |
| | | 12. 120 |
| | | 卫 |
| nter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | <u> </u> | |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| | 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 |
|--------------|--------------|---|--------------------|
| MGR | Tatiana Pena | 4444 Rio Grande Ave Apt 222A Orlando, Fl. 32839 | = Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Tatiana Pena | 4444 Río Grande Ave Apt 222A Orlando, FL 32839 | \exists Add |
| | | | ☐Remove |
| | | | Change |
| | | | D'Add |
| | | | □Change |
| <u></u> | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (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. 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. Dated April 17 2023 Tatiana Pena Signature of a member or authorized representative of a member Tatiana Pena Typed or printed name of signee

Filing Fee: \$25.00