

L23000142354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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OFFICE OF THE CLERK
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

ELEGANT NAILS SALON, PROFESSIONAL LIMITED LIABILITY COMPANY

SUBJECT: *
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:

Lijuan Cheng

Name of Person

Firm/Company

873 Arthur St.

Elegant Nails Salon, LLC

Address

Immokalee, Florida, 34142

City/State and Zip Code

sschymick22@proton.me

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

For further information concerning this matter, please call:

Scott Schymick / Lijuan Cheng

239 3095743

at ()

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

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

(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 03/20/2023 and assigned
Florida document number 1.23000142354.

This amendment is submitted to amend the following:

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

(skip)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

873 Arthur St.

Immokalee, Florida, 34142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

873 Arthur St., Immokalee, Florida, 34142

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:

New Registered Office Address:

Enter Florida street 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 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>
AMBR	Lijuan Cheng	873 Arthur St., Immokalee, Florida, 34142	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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SECRET
NO FORN DISSEM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~On my license, my name reads: Li Juan Cheng. Your computer thinks I or Juan is my middle name. I do not have a middle name.~~

Attention:

I DO NOT have a middle name.

On my license, my name reads Cheng, Lijuan

I circled the print-out and attached so you

can see.

We cannot open the bank account!

My first name = Lijuan

Last name = Cheng

Please help!

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SECRET
FBI
DATE

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

10/16/2023

Dated _____, _____

Li Juan Cheng

Signature of member or authorized representative of a member

Li Juan Cheng

Typed or printed name of signee