## L23000270947

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SIGN TYPASSEE, FL

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## **COVER LETTER**

	Registration Se Division of Co					
cup in		nd Nails & Spa LLC				
SUBJEC	ST:	Name of Lim				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Thomas J Waters III				
			Name of Person			
Marco Island Nails & Spa LLC						
Firm/Company						
		651 S. Colfier Blvd 1D				
			Address			
		Marco Island FL 34145			20	
			City/State and Zip Code	<u>.                                    </u>		-1
		Tom@WatersTeam.com		,	一	(L.2)
v 8 1			to be used for future annual report noti	incation)	2021 JAN -3 PH 1: 48 SECT LINES SEE, FL	LE GE C
		concerning this matter, please c			門の一	ę
Thomas	J Waters III		941 228-5373 at ()		FAT <b>58</b>	
	Name o	of Person	Area Code Daytim	e Telephone Number	L.	
Enclosed	l is a check for t	the following amount:				
<b>≡</b> \$25.	00 Filing Fee	S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Mailing Addre Registration	Section	Street Address: Registration Se			
	Division of C P.O. Box 633		Division of Cor The Centre of T	-		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marco Island Nails & Spa LLC (Name of the Limited Liability	ty Company as it now appears on our r	ecords.)
(A Florida	ty Company as it now appears on our r Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C	ompany were filed on 06/05/2023	and assigned
Florida document number L23000270947	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
		(i) (ii)
		70 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> Δ [
		ST -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	enter the name of the few registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
		121 - 4.4
		_, Florida

## 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>	<u>Address</u>	Type of Action
MGR	Thomas J Waters III	651 S Collier Blvd 1D	□Add
		Marco Island FL 34145	■ Remove
			☐ Change
			□∧dd
			[]Remove
			DAdd  J. Wemove
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