

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240003484513ABC+

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MMA ACCOUNTING AND TAX SERVICES, INC.
Account Number : I20240000072
Phone : (561)385-1251
Fax Number : (561)584-5875

2024 OCT 18 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maritza@mmtaxprofessional.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAILS BY CECI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

OCT 18 2024

COVER LETTER

H240003484513

TO: Registration Section
Division of Corporations

SUBJECT: NAILS BY CECI LLC

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:

CECILIA JOSE RIVAS VASQUEZ

Name of Person

NAILS BY CECI LLC

Firm/Company

5629 HONEYSUCKLER DR

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

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

For further information concerning this matter, please call:

CECILIA JOSE RIVAS VASQUEZ

561
at ()

701-5135

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

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2024 OCT 18 PM 3:00
SECTION OF STATE
TALLAHASSEE, FL

H240003484573

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAILS BY CECI LLC

(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 06/22/2023 and assigned
Florida document number L23000300983.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

5629 HONEYSUCKLE DR

WEST PALM BEACH, FL 33415

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5629 HONEYSUCKLE DR

WEST PALM BEACH, FL 33415

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: CECILIA JOSE RIVAS VASQUEZ

New Registered Office Address: 5629 HONEYSUCKLE DR

Enter Florida street address

WEST PALM BEACH, Florida 33415

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.

Cecilia Rivas
If Changing Registered Agent, Signature of New Registered Agent

#240003484513

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>
MGR	CECILIA J RIVAS VASQUEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5629 HONEYSUCKLE DR, WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

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

77
78
79
80
81

2024 OCT 18 PM 3:00
SECURITY DESK
TALL CLASS ETL

E. Effective date, if other than the date of filing: 10/16/2024 (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.

Dated 10/17/2024, _____

Cecilia Rings

Signature of a member or authorized representative of a member

CECILIA JOSE RIVAS VASQUEZ

Typed or printed name of signee

Filing Fee: \$25.00