

L24 000070367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

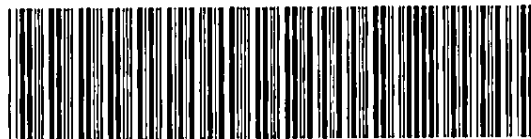
(Business Entity Name)

(Document Number)

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2025 JAN 14 PM 1:46

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TALLAHASSEE, FL

2025 JAN 14 PM 1:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leslie Nails 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:

Leslie Xiomara Talla Izaguirre
Name of Person

Firm/Company

4909 Viceroy Ct, Unit A, Cape Coral
Address

Florida, 33904
City/State and Zip Code

Xiomara - 226@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Xiomara Talla Izaguirre at (239) 560-5499
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 copies enclosed)

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STATE
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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**

Leslie Nails 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 01/14/2025 and assigned Florida document number 124000070367

This amendment is submitted to amend the following:

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

Golden Nails and Beauty LLC

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)

7181 College Parkway
Unit 42, Fort Myers
FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4909 Viceroy Ct
Unit A
Cape Coral FL 33904

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:

Leslie Talla Izaguirre

New Registered Office Address:

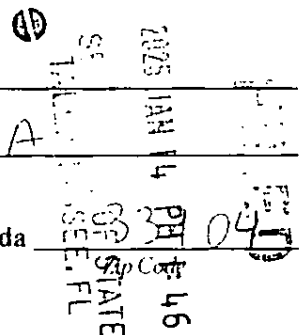
4909 Viceroy Ct Unit A

Enter Florida street address

Cape Coral

City

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 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>
<u>MGR</u>	<u>Leslie X talla</u> <u>Izaguirre</u>	<u>1775 Red Cedar Dr apt 22</u>	<input type="checkbox"/> Add
		<u>fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leslie X talla</u> <u>Izaguirre</u>	<u>4909 Viceroy Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Unit A</u>	<input type="checkbox"/> Remove
		<u>Cape Coral, FL 33904</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leslie X talla</u> <u>Izaguirre</u>	<u>7181 College Parkway</u>	<input checked="" type="checkbox"/> Add
		<u>unit 42, Fort Myers FL 33907</u>	<input type="checkbox"/> Remove
			<input 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

SEP 11 2015
TALLAHASSEE, FL
STATE OF FLORIDA
JAN 14 2016
11:14 AM
ADD
REMOVE
CHANGE

200 JAN 2005
S¹
TALL

2076 JAN 14 PM 1146
FBI - NEW YORK
RECEIVED
JAN 14 1968

(S) [unclear]
[unclear] [unclear]
[unclear] [unclear]

(al)
(ing.) Pursuant to 005,0207-(C)
date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

Dated January 14, 2025.

Typed or printed name of signee

Leslie Talla