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03/04/24--01615--011 **25.00

2024 HAR -4 PM 4: 32

COVER LETTER

Division of Corporations				
SHD IFCT	NEW ERA	NAILS LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırıı all correspor	ndence concerning this matter	to the following:	
		AMANDA MARTINS M	ALAGRIS	
			Name of Person	
		NEW ERA NAILS LLC		
			Firm/Company	
		9059 DIXIANA VILLA C	TRCLE	
	Address			
	TAMPA, FL33635			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		AMALAGRIS@ICLOUD.		
		E-mail address: (to be used for future annual report not	ification)
For further	r information co	oncerning this matter, please c	all:	
AMAND	A MARTINS M	IALAGRIS	813 997-0466 at ()_	
_	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e 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)
R D P	Lailing Address Legistration Solivision of Co LO. Box 632 Callahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW ERA NAILS LLC				_
(<u>Name of the Limited Liability Com</u>	pany as it now appears on our records.) d Liability Company)			'
,				
he Articles of Organization for this Limited Liability Compar	ny were filed on		_ and a	ssigned
Florida document number 1.24000077885				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
	-			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbre	eviation `	L.L.C."
•				
Enter new principal offices address, if applicable:	<u> </u>			
Principal office address MUST BE A STREET ADDRESS)				
			23	
		•	024 HAR	earl=^
Enter new mailing address, if applicable:		•	恶	
			+	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			PK	; ; ;
			<u> </u>	
		15:	ယ	_
3. If amending the registered agent and/or registered offic igent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name (<u>ot Whe n</u>	ew regi
gent and/or the new registered orace address here.				
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florida street address			
	, Florid	a		
	City , 7 torta		Zin Coa	le .

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>	Address	Type of Action
AMBR	IULIIA PUGACH	3322 STONEGATE FALLS DR	□Add
		LAND O LAKES, FL 34638	■Remove
			Change
			□Remove
			Change
			□Add
			
			☐ Change
			□Remove
			☐ Change
			□Add
			Петюvе
			□Remove
			□Change

•	
•	
•	
Effect	ive date, if other than the date of filing:
lf an ef	Fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ment's effective date on the Department of State's records.
	rd 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
	ilea.
rd is f	02 - 29 - 2024
rd is f	02 · 29 · 2024
rd is fi	D2.29.2024 Auguste Halugis
ord is fi	Accordence of a member of a uthorized representative of a member

LABORCORP ·

2910 KERRY FOREST PKWY SUITE D4-293 TALLAHASSEE FL 32309

LABOR LAW COMPLIANCE NOTICE

Failure to comply with posting regulations can lead to fines up to \$7,000 (29 USC Sec. 666 (i) & (29 USC Sec. 2005)

SCAN TO ORDER ONLINE



NEW ERANAILS LLC

9059 Dixiana Villa Cir Tampa FL 33635-1070

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Record ID#	L24000077885	
Sent Date:	02/19/2024	
Respond By:	03/12/2024	
Document Fee	\$94.00	

ID: L24000077885

Please Respond By:

Mar-12-2024

2024 State & Federal
All-In-One Labor
Law Poster English
Version \$94.00

Your business is required by Federal Law to post a current compliant labor law poster in the workplace. Federal law requires that this poster be placed on the property of the business whether you have 1 employee or 1,000. You must post <u>UP-TO-DATE</u> employment posters in the workplace. The poster must also include information about workers' compensation benefits.

Pursuant to Federal Law 29 USC Sec. 666 (i) & 29 Sec. 2005 penalties and risks of non-compliance with posting regulations can lead to potential fines in excess of \$7,000 per instance, for failure to post federally required information. Further, lawsuits can be tolled based on failing to display mandatory posters. You must post a compliant employment poster in a conspicuous place in the workplace where all employees and applicants can see it. To obtain your state & federal employment labor law poster, please detach the bottom coupon and return in the enclosed envelope with your document processing fee of \$84.00. You will be receiving a new updated 2024 version of the poster. Please allow two to three weeks for delivery of the All-In-One Labor Law Poster.

219	ATE PUBLIC INFORMATION	
Business Name: NEW ERA NAILS LLC	Document Number	er: L24000077885
Address: 9059 Dixiana Villa Cir	Amount:	\$94.00
City, State, Zip: Tampa FL 33635-1070	Notice Sent:	02/19/2024
Contact us at office@laborcp.org. if you	It and include it with your coupon and payment. All corrections vious to be made. For your convenience we have simplified the pro- have any questions. For faster service order online at www.la	will be made prior to issuing the cess for you with this form, borcp.org
	Detach and Mail	
STEP 1. Check the appr	opriate payment method and fill out the sub items	
MAKI	E CHECKS PAYABLE TO:	
ORDER ONLINE	Laborcorp □Check or Money Order enclosed □Credit or Debit Care	d (54,95 Service Fee for Credit/Debit Card
ent Date: <u>02/19/2024</u> Respond by: <u>03/12/2024</u>	Card Type: Visa Master Card Discov	er 🗆 American Express
Document #: <u>L24000077885</u>		
Amount: \$94.00	CARD NUMBER	
Chone#:	Expiration Date	Zip Code
Email:		
Print Name On Card:	Signature:	

THE ACRES INCLINE IZ STATE CASE A ACRES AND