Elorida Department of State Division of Corporations Electronic Fifting Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: Into 10 lamadred financial com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICTORIA'S NAILS AND SPA IN THE GROVE LLC

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K. SALY

-SEP-1-1-2024

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COVER LETTER

TO: Registration S Division of Co				
VICTORI SUBJECT:	A'S NAILS AND SPA IN THE	E GROVE LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fec(s) are suf	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	MAYKEL L RODRIGUE	EZ		
		Name of Person		
	SMART CHOICE INVES	STMENTS, INC.		
		Firm/Company		
	20400 SW 106TH CT			
		Address	118.08.	
	CUTLER BAY, FL 33189)		
		City/State and Zip Code		
	smartchoiceinv@hotmail.co	om		
	E-mail address:	to be used for future annual report no:	ification)	
For further information of	concerning this matter, please o	ali:		
MAYKEL L RODRIGUEZ		786 564-3816		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	he following amount:			
≘ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2024 SEP 10 AM 3: 10
ALLAMASCE TIMEN

VICTORIA'S NAILS AND SPA IN THE GROVE 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 I Florida document number <u>L24000160732</u>	Liability Company	were filed on 04/05/2024	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if application	cable:			
(Principal office address MUST BE A STRE)	ET ADDRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office a ss here:		enter the name of the new registered	
New Registered Office Address:	10154 W Flagle	r Street		
New Registered Office Address.	Enter Florida street address			
	Miami		_, Florida ³³¹⁷⁴ Zip Code	
		City:	Zip Code	
New Registered Agent's Signature, if changing l				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is that the limited liability	

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

Title Address Type of Action <u>Name</u> **AMBR** VLADIMIR PRADO 2859 BIRD AVE MIAMI, FL 33133 ≅Remove □ Change AMBR 2859 BIRD AVE YANET ABREU HERNANDEZ MIAMI, FL 33133 Remove □ Change AMBR Smart Choice Investments Inc 20400 SW 106TH CT CUTLER BAY, FL 33189 __ 🖸 Remove __ □Change AMBR MAYKEL L RODRIGUEZ 20400 SW 106TH CT ≣Add CUTLER BAY, FL 33189 □Remove Change \square Add Remove 三 三 三 DAdd 公 三 □Remove Change

				
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Effective data if other than the de	to of filing:		(optional)	
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applical	o date of filing or more the ble statutory filing requ	n 90 days after filing.	Pursuant to 605.0207 (3) Will not be listed as the
ne record specifies a delayed effective de ord is filed.	ate, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
Dated September 9	2024			
a Al	21/	_•		
11.11.17	. 17	ized representative of a m		

Filing Fee: \$25.00

Typed or printed name of signee