L24000212790



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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp				
CUD IE	KUKES NA				
SUBJEC	۷ ۱:		ited Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	cturn all correspon	ndence concerning this matter	to the following:		
		ANIESKA CARRASCO	MORALES		
			Name of Person		
		KUKI'S NAILS LLC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		51 NW 50 AVE			
		Address			
		MIAMI, FL 33126			
			City/State and Zip Code		
		KUKISNAILS2024@GMA			
		E-mail address: (to be used for future annual report no	tification)	
For furth	er information co	oncerning this matter, please c	all:		
GABRII	ELLE PEREYRA	A	786 210-2476		
	Name of	Person		ne Telephone Number	
Enclosed	l is 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)	
	Mailing Address		Street Address:	agtion	
	Registration S Division of Co		Registration Se Division of Co		
	P.O. Box 632	•	The Centre of	-	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUKI'S 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 05/07/2024 and assigned Florida document number L24000212790

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

agent and/or the new registered office address here:

New Registered Office Address:		<u> </u>
	Enter Florida street o	address
		_, Florida
	City	Zin 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.

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
MGR	YILIAN ROMERO PORTAL	10925 SW 141 ST	
		MIAMI, FL 33176	=p
			□Change
			Remove
			Change
			□Remove
			Change
		 	□Remove
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			□ Change

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