124000216602

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COVER LETTER

Division of Corp			
SUBJECT: Nail		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing	
Please return all correspond	dence concerning this matter to	o the following	
	JEDUS ALBERT	Name of Person	-
	mails stu	odio JL UC Firm/Company	
	4145 Roberts	S Way Address	
	lake worth	City/State and Zip Code	
	Johannita Berra	c2 365 @ g mail c	fication)
For further information cor	ecerning this matter, please cal	l:	
JESUS Alberto Name of F			A189214 e Telephone Number
Enclosed is a check for the	following amount:		
X\$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 Se Division of Co P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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: (Mailling address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida	nails studio J	LLC	
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Enter Florida street address			
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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>	Name	Address	Type of Action
M62	leidy Johanna Novia	4145 Roberts Way	⊮ iAdd
		lake worth	
			🗆 Change
AMBR	Leidy Johanna Navia	4145 Roberts way	🗆 Add
		lake worth	□Remove
			□Change
MGP	Jesus alberto ordon	ez 4145 Roberts way	🗆 Add
		lake worth	_ □Remove
			K /Change
			_ DAdd
			_ □Remove
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Mective date, if other than the date of filing:	l)
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occurrent's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b).	he 90th day after the
record specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlier of (b) [1] is filed	The 90th day after the
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record specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlier of (b) The street of the stre	The 90th day after the
Signature of a member or authorized representative of a member TESUS ALBERTO ORDONEZ I	The 90th day after the

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