

L24000229348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

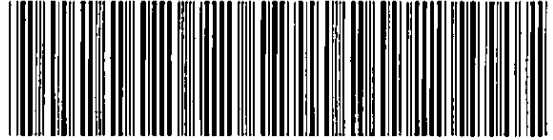
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400437348504

10/01/24--01034--018 **25.00

2024 OCT -1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Me

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SERVICE BEAUTY 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:

Liseth Quintero
Name of Person

Firm/Company

1050 SW 9 ST
Address

MIAMI, FL 33130
City/State and Zip Code

lisequintero77@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2024 OCT -1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Liseth Quintero at (786) 356-1250
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 copy is enclosed)

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**

SERVICE BEAUTY 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 05/17/2024 and assigned Florida document number L24000229348.

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 "L.L.C."

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)

2024 OCT -11 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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:

Liseth Quintero

New Registered Office Address:

1050 SW 9ST

Enter Florida street address

MIAMI, FL

City

Florida 33130

Zip 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.

Liseth Quintero.

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>
MGR	Lise Quintero	1050 SW 9ST MIAMI, FL 33130	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Liseth Quintero	1050 SW 9ST MIAMI, FL 33130	<input checked="" type="checkbox"/> Add
			<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

2028 OCT 7 11 AM 8:54
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Name of the New Owner is Liseth Quintero replacing Lise Quintero

2024 OCT -1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: 9/1/2024 (optional)

(If an effective 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 (3)(b)

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

If the record 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 record is filed.

Dated August 30, 2024

Liseth Quintero.

Signature of a member or authorized representative of a member

Liseth Quintero

Typed or printed name of signee