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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I202000000059
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: diono (a) lamodria (inoncial com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LET YOUR NAIL TALK LLC

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Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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TO:

Registration Section

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Division of Corp	porations		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Name of Limited Liability Company  s of Amendment and fee(s) are submitted for filing.  espondence concerning this matter to the following:  IOLET C MARCANO  Name of Person  LET YOUR NAIL TALK LLC  Firm/Company  80 SW 91 AVENUE APT 306  Address  PLANTATION, Fi. 33324  City/State and Zip Code  iolett13@gmail.com  E-mail address: (to be used for future annual report notification)  ion concerning this matter, please cull:  NO  954  393-4667  at 4  Area Code  Dayrime Telephane Number  for the following amount:  rec  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  ddress:  tion Section  Registration Section  of Corporations		
Please return all correspo	ndence concerning this matter t	o the following:	
	IOLET C MARCANO		
		Name of Person	
	LET YOUR NAIL TALK	.LC	
		Firm/Company	
	80 SW 91 AVENUE APT	306	
		Address	
	PLANTATION, FL 33324		
		City/State and Zip Code	
	iolett13@gmail.com		
			nouncation)
For further information of	concerning this matter, please co	ill:	
IOLET C MARCANO		at I	
Name o	of Person	Area Code Day	nime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
P.O. Box 63	Section Corporations	Registration Division of The Centre	Section Corporations of Tallahassee nroe Street, Suite 810

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LET YOUR NAIL TALK 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  $\frac{06/05/2024}{1}$ and assigned Florida document number \_\_\_\_\_L24000254215 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A Enter new mailing address, if applicable: (Mailing 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 street address

#### 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>	Name	Address	Type of Action
AMBR	IOLET C MARCANO	80 SW 91 AVENUE APT. 306	
		PLANTATION, FL 33324	
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August 20, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

UR CLEANING SERVICES LLC 1577 NW 91ST AVE APT 1-17 CORAL SPRINGS, FL 33071US

SUBJECT: UR CLEANING SERVICES LLC

REF: L22000001785

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company, " "L.C.. " "LC., " "Ltd., " and "Co."

The conflict is P22000032135.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H24000277071 Tracy L Lemieux Regulatory Specialist II Letter Number: 324A00018520 27-Aug-2024 10:53 Unknown 9545960353

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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UR CLEASING SERVICES I LC			- (1)
(Name of the 1 im)	ired Laability Company as i (A riorida Lumited Labilit	t now appears on our records by Company)	
The Articles of Organization for this Limited I Florida document number 1.1.2000001785		filed on 12 16 2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>cater the new name (</u>	of the limited liability c	ompany here:	
UR PRO SERVICES LLC			
The new name must be distinguishable and contain the	words. Limited Lability Co.	mpliny "the designation (LECT) or	the abbreviation (4.4.0%)
Enter new principal offices address, if appli	cable: N/	!	
(Principal office address MUST BE A STRE)	ET ADDRESS)		
Enter new mailing address, if applicable:	<u> N</u> 0	\	****
(Mailing address MAY BE A POST OFFICE	BON)		
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter the</u>	: name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	, , , , , , , , , , , , , , , , , , ,		
		En <b>te</b> : Florida street address	
		, Florid	da <u>Zwelode</u>
	:	7-5	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

I hareby avoign the appointment as registered agent and agree to let in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am jointliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this Jocument is being filed to merely reflect a change on the registered office address. I hereby confirm that the hinded hability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage	, enter the title, name, and	address of each person	being added
or removed from our records:			

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