

L24000293319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

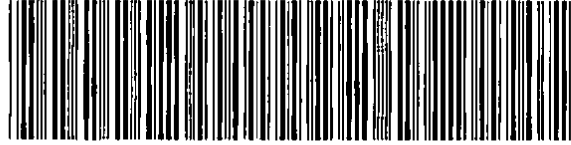
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SECRETARY OF STATE
TALLAHASSEE, FL

MP

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: LASH & NAIL Spa OF MIAMI LAKES LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENIE PENALTA-Imener

Name of Person

PROFESSIONAL NETWORK SVCS

Firm/Company

8901 NW 194th TERRACE

Address

MIAMI, FL 33018

City/State and Zip Code

PNWNETWORK@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENIE PENALTA

Name of Person

at (305) 305-1950

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FL

LASH & NAIL Spa of Miami Lakes 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 6/28/2024 and
Florida document number L24000293319.

This amendment is submitted to amend the following:

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

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

Florida

City

Zip Code

As 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

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

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NGR	SU, JIAN XIA	18518B NW 87 th AVE MIAMI FL 33015	<div>2024 NOV 13 PM 7:38 SECRETARY OF STATE TALLAHASSEE, FL <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change</div>
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Correcting manager's name, which was misspelled. Her name is Su, JIAN XIA. Also Registered Agent Address Street Address has word TERRACE misspelled from TERRACR to: TERRACE or Ter

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TALLAHASSEE, FL

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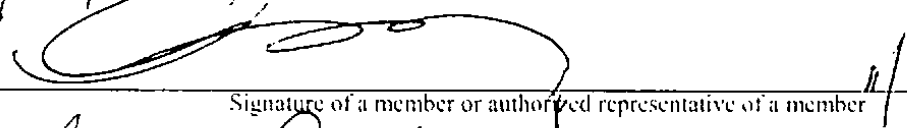
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Effective date, if other than the date of filing: 6/28/2024 (optional)

(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.

he 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 ord is filed.

Dated 11/07/2024



Signature of a member or authorized representative of a member

Joni Peaff-Jones

Typed or printed name of signee