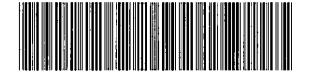
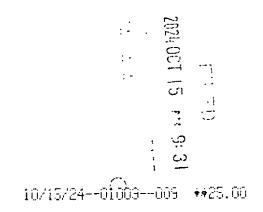


(Requestor's Name)
(A
(Address)
(Address)
, .
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , ,





200437130132



2024 OCT 15 PM 2: 30

COVER LETTER

TO:		istration Sec sion of Corp				
SUBJE	~ •r.	LAS FLORI	es nail & spa boutique	LLC		
SOBJE	CI:		Name of Limi	ted Liability Company		
The enc	losed	Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please re	ctum	all correspor	ndence concerning this matter (o the following:		
			AMARILYS C FLORES			
				Name of Person		
			LAS FLORES NAIL & SP	A BOUTIQUE LLC		
				Firm/Company		
			563 BOARDWALK AVE	ALK AVE		
Address				 .		
HAINES CITY, FL 33844						
				City/State and Zip Code		
			ARMSERVICESPR@GMA			
			E-mail address: (to be used for future annual report notif	fication)	
For furt	ther in	nformation co	oncerning this matter, please ca	all:		
AMAR	RILYS	S C FLORES	3	863 212-5522 at ()		
		Name o	ſ Person	Arca Code Daytim	e Telephone Number	
Enclose	ed is a	a check for th	ne following amount:			
■ \$ 2.	5.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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:	ction			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Registration Se Division of Cor		
				The Centre of Tallahassee		
			FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAS FLORES NAIL & SPA BOUTIQUE LL		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	.)
	ompany were filed on	and assigned
lorida document number	_	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on O9/03/2024 and orida document number L24000385544 its amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation enter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Inditing 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 lent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· [5
Principal office address MUST BE A STREET ADDR	ESS)	
		<u></u>
		74 75
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>sox)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	T
	. Fla	orida
	City	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.

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
AMBR	CHRISTOPHER C FLORES	563 BOARDWALK AVE	
		HAINES CITY, FL 33844	■Remove
			□Change
AR	CHRISTOPHER C FLORES	563 BOARDWALK AVE	
		HAINES CITY, FL 33844	≅Remove
			□Change
AR	CHRISTOPHER LOZADA	563 BOARDWALK AVE	\BAdd
		HAINES CITY, FL 33844	□Remove
			Change
			C] Add
		 	□Remove
			
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			[] Change

. II amendin	ig any other info						
	FIN	99-5	07445	<u> 2 </u>			
							
							
<u>-</u>							
							
							
*******					<u>-</u>		
	·	· · · · · · · · · · · · · · · · · · ·					
							
							
							
							
-			······································				
Effortion d	tata i Cathan tha	ar tha data at 6	09/03/202	24		(tit)	
Note: If th	e date is listed, the di the date inserted in a effective date on	this block does n	ot meet the appl	icable statutory	filing requireme	_ (optional) ays after filing.) Pursuents, this date will no	ont to 605,0207 (3 or be listed as th
he record spo ord is filed.	ecifies a delayed e	ffective date, but	not an effective	time, at 12:01	a.m. on the earlie	er of: (b) The 90th	day after the
OC"	FORER 15		2024				
Dated		(I mas		11. V1700			
		Signature of	ZXX a	thurized represer	معلیس <u>.</u> itative of a membe		
			• *				
	AMARILYS C F	LORES					
		 	Typed or pri	nted name of sig	nee		

Filing Fee: \$25.00