

(Requestor's Name)
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(Oity/State/ZIp/Filone #)
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(Business Entity Name)
(Document Number)
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11/05/24--01003 -019 **25.00

FILED

2024 NOV -5 AM 9: 25

SECRETARY OF STATE

SEALL AHASSEE, FL

COVER LETTER

Division of Corp			
SUBJECT: Nailed It Pin	nellas LLC		
SUBJECT: Manual 11	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	QuynhChi T. Ho		
	Quyinion 1, 10	Name of Person	
	Nailed It		
	- Auto-K	Firm/Company	
	3730 Park BLVD N		
		Address	2024 SE
	Pinellas Park, FL 33781		2024 NOV -5 MM 9: 25 SECRETARY OF STATE STALLAHASSEE, FL
		City/State and Zip Code	AAA 5
	quynhchiho2022@gmail.co		
		to be used for future annual report notific	ation) min 9
For further information ec	oncerning this matter, please c	all:	F. 25
Quynhchi Ho		at (727) 4750515	
Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	○ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	i an
Registration S Division of Co		Registration Secti Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	
ompany as it now appears on our records nited Liability Company)	<u></u> }
pany were filed on 10/11/2024	and assigned
l liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u></u>	
fice address on our records, <u>enter</u> t	the name of the new registere
Enter Florida street address	
ru.	uddo
City , F10	rida Zip Code
	Liability Company," the designation "LLC" (S) Fice address on our records, enter to the designation of the

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 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>	Type of Action
MGR	QUYNHCHI T. HO	3730 PARK BLVD N	V Add
		PINELLAS PARK, FL 33781	🗖 Remove
			□Change
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			□Change
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(If an effective dat Note: If the da	e, if other than the te is listed, the date must ate inserted in this blo fective date on the Do	the specific and ca ock does not me	annot be prior to out the applicable		ore than 90 days.			
he record specifiord is filed.	ies a delayed effective	: date, but not ar	n effective time	, at 12:01 a.m. c	on the earlier o	f: (b) The 9	Oth day af	ier the
Dated OCTOE	3ER 28TH	,	2024	••				
7		Signature of a me	ember or authoriz	ed representative	of a member			
<u></u>	Dun	h Olai	tho	,				

*....

Filing Fee: \$25.00