L24000489390

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Sip and Poli	sh Nail Ban LLC ed Liability Company	
SOBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Y anis	bel MoBado Name of Person	
	7	Name of Person	
	Sip an	J Polish Nail Ba	7
		· ····································	
	7760	SWZ9#4 S+	
	Miami	FL 33155 City/State and Zip Code	
	Siphpolishna	ilbar (a small com be used for future annual report notification	<u></u>
For further information con	cerning this matter, please cal	•	•
Yanishel	Murgado	at (<u>786</u>) <u>879 - 0</u> Area Code Daytime Telep	525
Name of P	erson	Area Code Daytime Telep	mone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration Section	ione
Division of Cor P.O. Box 6327	porations	Division of Corporat The Centre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	~ -			-
Sip and	Polish	NailBar	L(2024 DEC -5 A	IH 8: 53
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as a Limited Liabil	it now appears on ou ity Company)	r records.)	FLORINA
The Articles of Organization for this Limited Liability C		e filed on//	/20/2024 and as	signed
Florida document number <u>L 24000 489390</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability	company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability C	ompany," the designation	on "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	_ ,		
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_	<u>-</u> ,.		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office addr	ess on our records	, enter the name of the ne	w register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida strev	d a ddawn	
		Enter r torsaa stree		
			, Florida Zin Code	
		7.7	24, 6,44	

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>	Address	Type of Action
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Effective da	ate, if other than tl	he date of fili	ng:			(optior	nal)		
If an effective Note: If the	date is listed, the date n date inserted in this	iust be specific a block does not	nd cannot be pr i meet the app	ior to date of fill licable statuto	ing or more than ' ry filing requir	00 days after fi ements, this o	ling.) Pursi late will n	iant to 60 ot be lis	5.0207 ted as
document's	effective date on the	Department of	State's recor	ds.					
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Dated	11/24/2	7	-;	$+$: \sim	$\overline{}$				
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-		Signature of	a mymber ør at	thorized repres	entative of a mer	nber			
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Filing Fee: \$25.00