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Division of Corporations
Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC
Account Number : I20230000123
Phone : (407)777-2501
Fax Number : (407)777-2502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: manager@athenataxadvisors.com

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2025 JAN 16 PM 3:58
TALLAHASSEE, FLORIDA

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2025 JAN 16 AM 11:51
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEAVENLY NAILS & SPA USA LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

JAN 17 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAVENLY NAILS & SPA USA LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANDREIA GUIMARAES

Name of Person

ATHENA BUSINESS AND TAX ADVISORS LLC

Firm/Company

7680 UNIVERSAL BLVD STE 100

Address

ORLANDO, FL 32819

City/State and Zip Code

manager@athenataxadvisors.com

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

For further information concerning this matter, please call:

ANDREIA GUIMARAES

407 777-2501

at ()

Name of Person

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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Include the following EIN: 33-2384880

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E. Effective date, if other than the date of filing: _____ (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.

If the 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 record is filed.

Dated January 16 2025



Signature of a member or authorized representative of a member

LUANA BATISTA M VIEIRA

Typed or printed name of signee

Filing Fee: \$25.00