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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section of Corp.	orations	·	,		
SUBJECT: The Nail Shop of Carrollwood, LCC (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:					
	Linh	Podelski (Name of Person)			
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)			
	1112 Rosefa	aire Place (Address)			
	Odessa,	(Address) Flace (Address) (City/State and Zip Code)			
For further information concerning this matter, please call:					
Linh Poc (Name of	delski Person)	at (813 334-3 (Area Code & Daytime Te	S 9 6 9 Elephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Nail Shup (Name of the Limited Liability Con	of Carrol	Wood, LLC
(A Florida Limit	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>LO600050</u> 3	pany were filed on5/	16/06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Polished Salon	and Spa	, LLC
The new name must be distinguishable and end with the words "L.L.C."	(e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		0
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SEC HSIC
		86 ×€ 80 95 F
		7
Enter new mailing address, if applicable:		AM SPOS
(Mailing address MAY BE A POST OFFICE BOX)		TAII KATII
		7 7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
		, Florida
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records;

MGR = Manager

MGRM = Managing Member **Title Address** Name Type of Action John Podelski JR MGR Remove _f¶ Add Remove ſ**™** Add Remove _ Add Remove ſ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00