

12/7/2010 18:41 3069970521 AMERICENVER #0910 0001
 Division of Corporations Page 1 of 1
L1000012626

Florida Department of State
 Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 NAILS & SPA BY M.E., LLC

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K. SALY
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAILS & SPA BY M.E., 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:

MARIA E. VARGAS
Name of Person

NAILS & SPA BY M.E., LLC
Firm/Company

1005 KANE CONCOURSE, STE 210
Address

BAY HARBOUR, FL 33154
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA E. VARGAS at (**786**) **975-4570**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(110000112626)

FILED

10 DEC -8 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAILS & SPA BY M.E., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2010 and assigned
Florida document number L10000112626

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA E. VARGAS	965 NE 80TH STREET MIAMI, FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SILVIA L. ICAZA	1075 92ND STREET, # 505 BAY HARBOUR, FL 33154	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 07, 2010

Signature of a member or authorized representative of a member

MARIA E. VARGAS

Typed or printed name of signee