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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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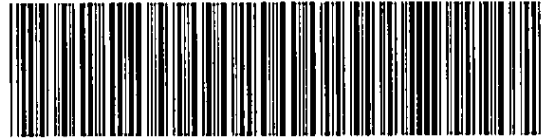
(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 12:13

SEUMPAH GO GOAL
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAIL HOMES, 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:

JIN CHEN

Name of Person

JIN CHEN CPA PA

Firm/Company

9270 BAY PLAZA BLVD STE 604

Address

TAMPA FL 33619

City/State and Zip Code

JINCHECPAPA@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE BAI

813 999-1140
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUN 13 PM 12:13

FAMILY NAILS & SPA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/06/2014 and assigned
Florida document number L14000155457.

This amendment is submitted to amend the following:

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

NAIL HOMES, LLC

The new name must be distinguishable and contain 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)

7811 ROMA DUNE DR

WESLEY CHAPEL, FL 33545-4884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7811 ROMA DUNE DR

WESLEY CHAPEL, FL 33545-4884

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:

WUXIAN HAN

New Registered Office Address:

7811 ROMA DUNE DR

Enter Florida street address

WESLEY CHAPEL

City

, Florida 33545

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 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.

Wuxian Han

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 JUN 13 PM 12:13
SEATTLE, WA
TALLAHASSEE, FL

2022 JUN 13 PM 12:13
SEATTLE
TALLAHASSEE FL

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(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)

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 ^{6/7} , 2022

Wuxian Han
Signature of a member or authorized representative of a member

WUXIAN HAN

Typed or printed name of signee

Filing Fee: \$25.00