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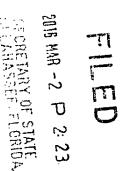
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COVER LETTER

· Division of Con	rporations	
Lake Conv	way Nails & Spa, LLC	
Sobsett.	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspond	condence concerning this matter to the following:	
	Thanh Nguyen	
	Name of Person	
	Lake Conway Nails & Spa, LLC	
	Firm/Company	
	2850 Curry Ford Rd	
	Address	
	Orlando, FL 32806	
	City/State and Zip Code	
•	tnguyenkevin@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Thanh Nguyen	407 608-8565 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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**

Lake Conway Nails & Spa, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L16000024247	were filed on $\frac{02/04/2016}{}$ and ass	igned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ake Conway Spa & Nails, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.	L.C."
nter new principal offices address, if applicable:	2848 Curry Ford Rd	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32806	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registered of		of the
egistered agent and/or the new registered office address her	<u>e</u> :	
egistered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> : 	
<u>.</u>	e: Enter Florida street address	
Name of New Registered Agent:	•	

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 2016 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s)	authorized to	manage,	enter the title,	name, and	address of eac	ch 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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If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan e Note docu	effective date, if other than the date of filing:
	d Feb 29 20/6
ate	1 Shalm
	Signature of a member or authorized representative of a member of
	Thanh Nguyen Typed or printed name of signee
	Typed or printed name of signee 2

Page 3 of 3

Filing Fee: \$25.00