

L18000286697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

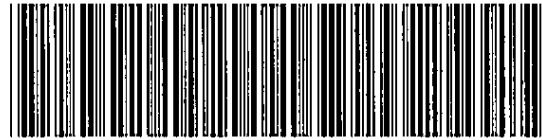
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/21--01034--003 **25.00

2021 MAR 12 PM 12:10

CARLA TURNER-HAHN
- ATTORNEY & COUNSELOR AT LAW -
- MBA -

March 3, 2021
Via Regular Mail

Registration Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

RE: Filing of Articles of Amendment with Cover Letter

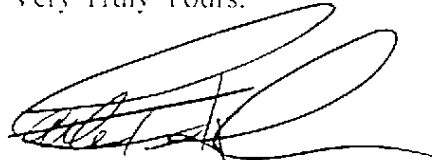
Dear Registration Section/Division of Corporations:

Please be advised that I represent the subject LLC and its AMBR as detailed in the attached completed Cover Letter Form and Articles of Amendment Form. Please find enclosed:

1. The original completed Cover Letter Form and completed Articles of Amendment to Articles of Organization;
2. A check in the amount of \$25.00 payable to the Florida Department of State for the Filing Fee;

Please notify me by email with your Letter of Acknowledgment after this Amendment has been filed. If you have any questions or require anything further please contact me directly at 727-433-1624. Thank you for your kind consideration and assistance with the above matter.

Very Truly Yours.



Carla Turner-Hahn, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kham's Nails & Beauty Lounge, 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:

Carla Turner-Hahn, Esquire
Name of Person
Carla Turner-Hahn, P.A.
Firm/Company
615 Whisper Woods Drive
Address
Lakeland, FL 33813
City/State and Zip Code
carlathahn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Turner-Hahn, Esquire 727 433-1624
Name of Person at () 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kham's Nails & Beauty Lounge, 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 12/13/2018 and assigned Florida document number L18000286697

This amendment is submitted to amend the following:

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

Lessons in Skin Health & Wellness by Kham, 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:

4974 40th Avenue North

(Principal office address MUST BE A STREET ADDRESS)

ST. PETERSBURG, FL 33709

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Article III - shall now state, "Any and all Lawful Activity, including but not limited to, a female & minority owned educational company offering a diversity focused and exclusive personalized adult learning experience targeted to each learner's needs to achieve optimal skin health and wellness in today's environment."

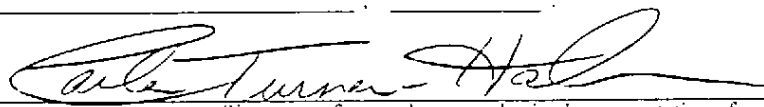
E. Effective date, if other than the date of filing: _____ (optional)

(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 March 3, 2021



Signature of a member or authorized representative of a member

Carla Turner-Hahn, Esquire

Typed or printed name of signee