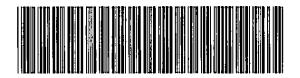
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





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## **COVER LETTER**

TO:, Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

POLISHED	NAILS & BEAUTY LOUNG	E LLC		•
	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	YODIOSMAY GONZALI	EZ		
		Name of Person	<del></del>	
	ALL IN ONE ACCOUNT	ING SERVICE INC		
		Firm/Company		
	4951 WEST 6TH AVE			
		Address		22 S
	HIALEAH, FL 33012			22 SEP 20 MM 10: 30
		City/State and Zip Code		
	ZQCONSULTANTS@YAI		<del></del>	
		to be used for future annual report notifi	cation)	မ္ မ
For further information c	oncerning this matter, please ca	all:		0 7
YODIOSMAY GONZA	LEZ	305 926-2190 at ( )		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &
Mailing Address Registration S		Street Address: Registration Sec	tion	
Division of C		Division of Corp	orations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLISHED 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  $\frac{08/08/2022}{1}$ and assigned Florida document number \_\_\_\_\_L22000349078 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POLISHED NAIL & BEAUTY LOUNGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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

\_. Florida \_\_

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>	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00