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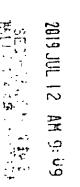
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Y SULKER
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COVER LETTER

Division of Corp	oorations		
SUBJECT: Angel	NAILS & SPA	AT FISH HAWK,	LLC
Ŭ	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	idence concerning this matter t	to the following:	
	HAI QUO	C NGAYEN Name of Person	
		Name of Person	
		Firm/Company	
	11112 STONE	Address GATE	DR
	RIVERVIEW	FL 33579 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	tI:	
HAJ NGU	NYEN	at (<u>&13</u>) <u>951-</u> Area Code Daytim	-443 <i>9</i>
(vaine of	rerson	Area Code Daytim	e 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:

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

ANGEL NAILS & SPA AT FISHHAWK 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 10/24/2018 and assigned Florida document number _ L18000249770 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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
MGR	NGO, GIAU T	7716 NOTTINGHILSS SKY DR APOLLO BEACH, FL 33572	
			■ Remove
MGR	PHAN, NHU LAN L	11712 STONEWOOD GATE RIVERVIEW, FL 33579	E Change T
			□ Add
			☐ Ghange
MGR	NGUYEN, TUYEN PHAN	6906 SIMMONS LOOP RIVERVIEW, FL 33578	
			Remove
			□ Change
			Change
			□ Add
			□ Remove
			□ Remove
			☐ Change

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Filing Fee: \$25.00