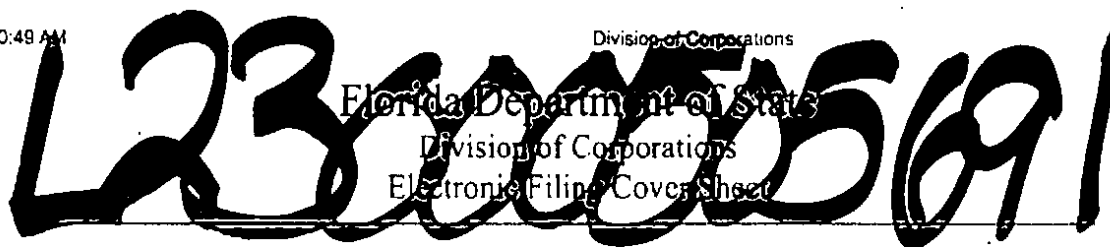


12/6/23, 10:49 AM



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)281-5520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Wftaxes.office@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APPLE NAIL AND SPA OF PSL LLC

| | |
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DEC 07 2023

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPLE NAIL AND SPA OF PSL 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:

MAI HUYNH

Name of Person

APPLE NAIL AND SPA OF PSL LLC

Firm/Company

1045 SW FENWAY RD

Address

PORT ST. LUCIE, FL 34953

City/State and Zip Code

WFTAXES.OFFICE@GMAIL.COM

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

For further information concerning this matter, please call:

MAI HUYNH

772

200-1227

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
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

APPLE NAIL AND SPA OF PSL 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 11/07/2023 and assigned
Florida document number L23000505691

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 "L.L.C."

Enter new principal offices address, if applicable:

2340 OCEAN BLVD, SUITE B

(Principal office address MUST BE A STREET ADDRESS)

PORT ST LUCIE FL 34996

Enter new mailing address, if applicable:

2340 OCEAN BLVD, SUITE B

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST LUCIE FL 34996

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:

MAI HUYNH

New Registered Office Address:

2340 OCEAN BLVD, SUITE B

Enter Florida street address

PORT ST LUCIE

Florida 34996

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> |
|--------------|-------------|--------------------------|--------------------------------------------|
| AMBR | MAI HUYNH | 1045 SW FENWAY RD | <input type="checkbox"/> Add |
| | | PORT ST. LUCIE, FL 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MAI HUYNH | 2340 OCEAN BLVD, SUITE B | <input checked="" type="checkbox"/> Add |
| | | PORT ST LUCIE FL 34996 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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