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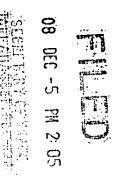
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S. HAWKES

DEC 0 9 2008

EXAMINER

COVER LETTER

SUBJECT: Jewel (of the Nail Salon, LL	С	
SUBJECT, OSTITUTE		lited Liability Company)	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		_	
riease return an corresp	ondence concerning this matter	to the following:	
	Debbie Butler		
		(Name of Person)	
	Jewel of the Nail Salon,	шс	
	Jewei Oi die Itali Saloli,	(Firm/Company)	
	7588 West Turkeyneck ((Address)	
		(Audiess)	
	Homosassa, FL 34448		
		(City/State and Zip Code)	
For further information of	concerning this matter, please of	ali:	
Debbie Butler		at (352) 563-5900	
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER	R ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jewei of the Nail Salon, LL	<u>. C</u>	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	₹ <u>)</u>
The Articles of Organization for this Limited Liabil	ity Company were filed on June 1, 2004	and assigned
The Articles of Organization for this Limited Lizon	ity Company were med on	and assigned
Florida document number 1 04000042482	·••	Alici, O
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		iter the name of the new
registered agent and/or the new registered office	aduress nere:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	-	
Now Registered Office Faddiess.	(Enter Florida stre	et address)
		•
_		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR Debbie Leaver ■ Add 7588 West Turkeyneck Ct Remove Homosassa, FL 34448 Organic Salon Enterprises, Inc. MGRM 7588 West Turkeyneck Ct 7 Add Homosassa, FL 34448 Remove r Add ⊓ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

d 18/8/08	

Signature of a member or authorized representative of a member

Debbie Butler

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00