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COVER LETTER

Division of Corporations	
SUBJECT: LE CHEVAL NAILS & SKIN CARE, LLC	
(Name of Limited Liability Company)	
3	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Graham W. Syfert	
(Name of Person)	
Affinity Law Firm, P.L.	
(Firm/Company)	
3947 Boulevard Center Dr, Ste 101	
(Address)	
Jacksonville, FL 32207	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Graham W. Syfert at (904) 992-0776 (Name of Person) (Area Code & Daytime Tell	
(Name of Person) (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)}	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

MAILING ADDRESS: 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 OB APR -3 AH II: 05 OF TALLAHASSEE FLORIDA

LE CHEVAL NAILS & SKIN CARE, 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 L	iability Company were filed on <u>02</u>	(20/2007 and assigned	Ŀ
Florida document number <u>L07000019412</u>			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	r <u>e</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Comp	any," the designation "LLC" or the abbrev	viation
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter the name of the</u>	<u>new</u>
Name of New Registered Agent:	Affinity Law Firm, P.L.		
New Registered Office Address:	3947 Boulevard Center Dr, Ste 101 (Enter Florida street address)		
	Jacksonville	, Florida 32207	
	(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 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

Title ,	Name	Address	Type of Action
<u>MGŖ</u>	VINK, GEORGE	37 N ROSCOE BLVD PONTE VEDRA BEACH FL 32073	Add Remove
MGRM	YAN, TRIEU	256 SOLANA ROAD PONTE VEDRA FL 32082 US	Add Remove
			Add Remove
D. If amendin ——	g any other information, enter change(s)	here: (Attach additional sheets, if necessar)	
		ORD STATE OF THE PROPERTY OF T	
Dated Februa	ry 27 , 2008	·	_
G	eorge Vink	authorized representative of a member	
-	Typed or p	orinted name of signee	

Page 2 of 2

Filing Fee: \$25.00