FO800008198

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
OCT -3 2012 L. SELLERS		

Office Use Only



700214352957

10/01/12--01010--023 **25.00

12 OCT -1 PH 4: 13
SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp		* ;	
SHRII	rct.	ANOTHER	R NAIL SPA LLC	
Name of Limited Liability Company				
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			JIE LIN	
			Name of Person	
ANTOHER NAIL SPA LLC				
			Firm/Company	
4341 EDGEWATER DR				
			Address	
		_		
		C	ORLANDO, FL 32804 City/State and Zip Code	
-		TONV	DU4030@HOTMAIL.COM	
E-mail address: (to be used for future		o be used for future annual report notifica	ation)	
For fu	rther information co	ncerning this matter, please c	all:	
		JIE LIN	at (321) 2	95-9666
	Name of	Person	at (321) 2 Area Code & Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION OF

ANOTHER NA	IL SPA LLC			
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appears	on our records.)		
(**************************************				
The Articles of Organization for this Limited Liability Company	were filed on	10/17/2008	and assig	gned
Florida document numberL08000098168				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "I	LLC" or the ab	breviation
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 off	ice address on ou	ır records, <u>enter 1</u>	the name of	the new
registered agent and/or the new registered office address here	:			
			₹	
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:			ARE DE	
	Ente	r Florida street ada	lresst	princess #1
		, Florida		
	City		-Zip Code	U
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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u></u>			Add Remove
	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		NER OF ANOTHER NAIL SPA, LLC.	
			
_	AUGUST 20	012 .	
Dated	tie Li	er or authorized representative of a member	
		JIE LIN d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00