LOPUOLOZZI!

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	i

Office Use Only



200309773082

03/05/18--01011--005 **25.00



3/6/1800

COVER LETTER

TO: Registration Se Division of Cor				
NAILS BL	.VD, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL PHAN			
		Name of Person		
	PHAN & PHAN, PA			
	-	Firm/Company		
	10752 Deerwood Park Blv	d Ste 100		
		Address		
	Jacksonville FL 32256			
		City/State and Zip Code	***	
	m.phan@phanpa.com			
	E-mail address: (1	o be used for future annual report notificat	ion)	
For further information c	oncerning this matter, please ca	all:	2010 HAR	77
Michael Phan		904 240-5762 at ()	新 五 -	F
Name o	f Person		lephone Number	:ILED
Enclosed is a check for the	he following amount:		LORAL STATES	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fear. 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

NAILS BLVD, 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 10/22/2009 and assigned Florida document number _____L09000102271 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: (Principal office address MUST BE A STREET ADDRESS) N/A 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
MRG	NGOC NGUYEN	4320 Deerwood Lake Parkway	■ Add
		Suite 102	□ Remove
		Jacksonville FL 32216	☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add Remove
			Constitution of the consti
			Remove
			□ Change
			□ Add
			Remove
			□ Change

-				
		· ·		
				··· -
				· · · · · · · · · · · · · · · · · · ·
				·····
			<u> </u>	· · · · · · · · · · · · · ·
			:	d . ≃
				20 20 20 20 20 20 20 20 20 20 20 20 20 2
	01/01/2018			A S
ctive date, if other than the da effective date is listed, the date must be	specific and cannot be prior to da	te of filing or more than	(optional) 90 days after filing.) Po	en ursnant to 60 102
: If the date inserted in this block ment's effective date on the Depa	does not meet the applicable	statutory filing requir	ements, this date wi	ll Horbe listed
ment's effective date on the Depa	Timent of State's records.			77 17 65 878
ecord specifies a delayed e	ffective date, but not ar	offective time	+ 12:01 a.m. on	717
ecora specifies a delayeu e		enective time, a	t 12.01 a.iii. 0ii	::
ne 90th day after the record				
ne 90th day after the record				
	2018			
ne 90th day after the record				
ne 90th day after the record	2018 5000 - Snature of a member or authorized	demonstrative Co.	Nhor.	

Page 3 of 3

Filing Fee: \$25.00