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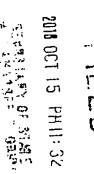
(Requestor's Name)		
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M. MILLIGAN OCT 20 2018

COVER LETTER

TO:	Registration Se Division of Cor			
41 4 183 81		nd Nails and Spa, LLC		
SUBJ	sC1:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Weiping Fan		
		Happy Island Nails and Sp	Name of Person a, LLC	
		3950 S US highway 17-92	Firm/Company , Suite # 1080	
		casselberry, FL, 32707	Address	
		faninusa@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For fu	rther information c	oncerning this matter, please ca	all:	
Weipi	ng Fan		407 520-8176	
	Name o	f Person	Area Code Day	ytime Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Happy Island Nails and Spa, 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 Compan	y were filed on $\frac{3/26/2010}{}$	and assigned
Florida document number L10000033265		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- dradings was the same and the same	
(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	office address on our records	enter the name of the new
registered agent and/or the new registered office address he		emer the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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>	Type of Action
MGRM	HO, FAU MING	6620 PASTURELANDS PL,WINTER GARDEN,FL, 34787	Add
			■ Remove
		<i></i>	Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
	 		
			Remove
			Change
	-4-444		Add
		Remove	
			Change
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			Remove
			Change

D. If amending any other information, enter change(s) here: (At	tach additional sheets, if necessary).)
		
		
		
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· · · · · · · · · · · · · · · · · · ·	-	APAPALL
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing attutory filing requirements, this date) Pursuant to 605.0207 (3)() will not be listed as the
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m.	on the earlier of:
Dated		
4/1/mi	10/8/18	201
Signature of a member or authorized		2018 OCT
Weiping Fan		I IS PHII
Typed or printed nam	e of signee	PHI PHI
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Page 3 of 3

Filing Fee: \$25.00