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(Re	questor's Name)	
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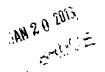


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ALL ANASSES FLORIDA

FILED



COVER LETTER

Division of Corp				
SUBJECT: ALS	EXANDRA S, Name of Limit	ALON AND Sed Liability Company	SPALLC	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Kimbaly	Name of Person	<u>.</u>	
	AIEXANDRA	SAION AND S	Spa uc	
	4250 BEE	RINGE RO)Ab	
	SARASOTA	FL 345	133	
	_ LUKONICH	City/State and Zip Code AOL be used for future annual repo	20M = Eus	20
For further information co	oncerning this matter, please ca		Orthodicationy 13 M C AM MC AM	2016 JAN 19
MARY ANA	V Lukovich Person	at (<u>94/) 34</u>	2-613/ SSE	
		Area Code	Daytime Telephone Number 7	ט ש
Enclosed is a check for th	e following amount:			il
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing I Certificate of	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alexandra SALONAND SPALLC

(A Florida I.	Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L. 1.0000039</u>		2/0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited A J NAILS SARASOTA. The new name must be distinguishable and contain the words "Limited and Contain the words".	LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME AS BEF	FORE
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS BEF	FORE
B. If amending the registered agent and/or registe registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ered office address on our records, enters here: SAME Enter Florida street address	The name of the new
	, Florida	المستحد المستحد
	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 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 **Title** Name **Address Type of Action** DALENA TO PHAM 4220 BEE RIDGE RD MAD AMBR _□ Change AMBR CHRISTINE DINH 15/22 SEA ROBRINDR - Add LAKEWOOD RANCH FL34202 Remove ☐ Change □ Add ☐ Remove ☐ Change Chang □ Remove Change ☐ Remove _□ Change

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Filing Fee: \$25.00