**Division of Corporations** 

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	Division of Corporations Fax Number : (850)617-  Account Name : SUPERBIZ. Account Number : I20070000 Phone : (800)494- Fax Number : (305)675-  ddress for this business en mailings. Enter only one e	COM, INC. 160 3124 2811 atity to be used		東西の国子の
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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	NGEL NAILS AND SPA EXPERT LL	=	<del></del> -	
(Name of the Limi	ted Liability Company as it now appears ( (A Florida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited L Florida document numberL100000499		05/05/2010	and assig	ned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company here	2:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if appli-	cable:		<del>-,,</del>	
Principal office address MUST BE A STREE	ET ADDRESS)			
			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	ROY		<del>~</del>	
INCHAINE BERRY BERRY BERRY BERRY BERRY	<u></u>	<del></del> -		
B. If amending the registered agent and	/or registered office address on	our records, enter-	the name of	f the no
registered agent and/or the new registered o		(°		merati est
	•			- 1 1
Name of New Registered Agent:	KHANH HUYNH		20.75	OLEN WHEELD
New Registered Office Address:	11201 SW 55TH ST UNIT 75	į		[7]
	Ent <b>er</b> Floria	a street address	را آد,۔۔	[TIME]
	MTRAMAR	, Florida 33	025	٠
	City	, 4 TOTICIA	Zip Colle	
New Registered Agent's Signature, if changing	Registered Agent:		<u> </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

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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>	Name	Address	Type of Action
MGR	MICHELE VAN	1164 WESTON RD	
		WESTON FLORIDA 33326	■ Remove
			Change
MGRM_	ROGIO TRUONG	1164 WESTON RD	□ Add
		WESTON FLORIDA 33326	■ Remove
			□ Change
AMBR	KHANH HUYNH	11201 SW 55TH ST UNIT 75	■ Add
		MIRAMAR FLORIDA 33025	□ Remove
			Change
AMBR	VAN HUYNH	11201 SW 55TH ST UNIT 75	TANK AND TO
		MIRAMAR FLORIDA 33025	© □ Remove
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(If an effective of Note: If the	te, if other than the d late is listed, the date must l date inserted in this bloc effective date on the Dep	e specific and k does not m	cannot be prior teet the applic	able statutory fi	r more than 90 day	(optional) is after filing.) P is, this date wi	ursuant to 603 Il not be fist	5.0207 (3) ted as the
the record s ) The 90th	specifies a delayed day after the reco	effective d rd is filed.	late, but no	t an effectiv	e time, at 12	:01 a.m. or	the earli	er of:
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Dated			11	H = H	1			

Typed or printed name of signee