

Aug 31 16 09:07a

L10000049945

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000216716 3)))



H160002167163ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2911

16 AUG 31 AM 9:46

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANGEL NAILS AND SPA EXPERT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 01 2016

S. YOUNG

2016 AUG 31 AM 11:29

TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H16000216716 3

ANGEL NAILS AND SPA EXPERT 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 05/05/2010 and assigned
Florida document number L10000049945.

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:

4661 SW 128TH AVE

(Principal office address MUST BE A STREET ADDRESS)

SOUTHWEST RANCHES, FL 33330

Enter new mailing address, if applicable:

4661 SW 128TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

SOUTHWEST RANCHES, FL 33330

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 here:

Name of New Registered Agent:

DAI VAN TRAN

New Registered Office Address:

4661 SW 128TH AVE

Enter Florida street address

SOUTHWEST RANCHES

Florida 33330

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 31 AM 9:46

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H16000216716 3

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DAI VAN TRAN	4661 SW 128TH AVE	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KHANH HUYNH	11201 SW 55TH ST UNIT 75	<input type="checkbox"/> Add
		MIRAMAR FLORIDA 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VAN HUYNH	11201 SW 55TH ST UNIT 75	<input type="checkbox"/> Add
		MIRAMAR FLORIDA 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 AUG 31 AM 9:46

H16000216716 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

H16000216716 3

16 AUG 31 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 30TH

2016

Signature of a member or authorized representative of a member

DAI VAN TRAN

Typed or printed name of signee