L110000 46290

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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JUN 02 2015 J SHIVERS

COVER LETTER

	egistration Sectivision of Corp						
SURIFCT		SIGNATURE NAILS AND SPA AT DISSTON PLAZA					
SOBJECT	•	Name of Limi	ited Liability Company				
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	rn all correspor	ndence concerning this matter	to the following:				
		VU NGUYEN					
			Name of Person				
SIGNATURE NAILS AND SPA AT DISSTON PLAZA							
		·	Firm/Company				
3605 49TH ST NORTH							
			Address				
ST. PETERSBURG, FL 33710							
			City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please ca	all:				
VU NGUY	YEN		727 688-8258 at ()				
Name of Person			Area Code Daytime	Telephone Number			
Enclosed is	s a check for th	e following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions uter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE NAILS AND SPA AT DISSTON PLAZA

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L11000046290	Company were filed on 04/18/2011 and assigned and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office and	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	December 1 Program
New Registered Office Address:	
	Enter Florida street address , Florida
	City Zip Gqde
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered age	nt 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
MGRM	TRAN, QUYEN Q	5748 10TH AVENUE NORTH	
		ST. PETERSBURG, FL 33710	Remove
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			Add
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