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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
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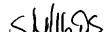
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COVER LETTER

TO: Registration Section Division of Corporation						
SUBJECT: Sem		Lited Liability Comp	3 LLC	· 		
	Name of Limit	ica Elability Comp	any			
The enclosed Articles of Am	/ nendment and fee(s) are sub-	mitted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
	STEL	_LA	NGUYF	EN		
		Name of Per	son			
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For further information conc			amaar repognoun	reaction)		
STELAA Name of Pe	NGUYEN	at (<u>72</u> Area Co	7 64 Daytime	2 - 93 Telephone Number	18	
Enclosed is a check for the fo	ollowing amount:					
	□ \$30.00 Filing Fee &	□ \$55.00 Filir	na Fee &	□ \$60.00 Fi	ling Fee	
_ 325.00 Thing I co	Certificate of Status	Certified C		Certifica Certified	te of Status	

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

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

Seminde Hair and Nails LLC

The Articles of Organization for this Limited Liability Company were filed on April 2016 and assigned Florida document number L 1000 85341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STELLA NGUYEN LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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 here:

Name of New Registered Agent:

STELLA NGUYEN

12.149

LARGO FL 33778

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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Yew Registered Agent

Enter Florida street address

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 Title **Type of Action** <u>Name</u> **Address** □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change S □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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