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COVER LETTER

TO: Registration Section Division of Corpo					•		
CORDINATE.	DIVINE 1	ZIIAV	BY TRA	N	ЦC		
SUBJECT:		mited Linbility					
The enclosed Articles of An	nendment and fee(s) are su	bmitted for t	iling.				
Please return all correspond	ence concerning this matte	r to the follo	wing:				
	KI	HANH	TRAW				
		Name	of Person				
	DIVINE	NAILS	by th	AN	LLC		
		Firm	Company		<u>-</u>		
	7795 W	FLAGI	AR ST	14	3 + 44	2019 SEC	
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		no be incu ioi	future annual report	netificatio	on)	OPH 3:	
For further information cone	erning this matter, please c	æH:				₹m →	
LAM		at (_	305, 2	106			
Name of Pe	ISOB	۸	rea Code — Day	ytime Tele	phone Number		
Enclosed is a check for the fo	ollowing amount:						
S25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	Certi) Filing Fee & fied Copy onal copy is enclosed)		Certified C	of Status &	
MAILING	ADDRESS:		STREET/COL	RIER A	.DDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VAILS BY TRAN	LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears o ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number		10 24 11 and ass	signed
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.	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)	2019	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CRETARY OF STATE	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on o dress here:	ur records, <u>enter the name</u>	of the new
Name of New Registered Agent:		<u>_</u>	
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> Type of Action 7795 W FLAGUER ST CUC HO bbA **K**į_ MIAMI FL 33144 ☐ Change □ Add ☐ Remove _□ Change □ Add Remove ☐ Change □ Add _□ Remove ☐ Change ☐ Remove ☐ Change

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Filing Fee: \$25.00