## 112000014370

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SHRIE	СТ:	Bliss	Nails Salas 11	Ċ
SOIGE	CI	Name of Lim	Nails Salon LL ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
			uan Haugen	
			Name of Ferson	
			Bliss Hails Salo Firm/Company	n LCC.
			Firm/Company	
		4072	Town Center	
			Address	
		Or	City/State and Zip Code	37
		E-mail address: (	Odanh 1792 @	amail: Com
For furt	her information co	oncerning this matter, please ca	all:	
		×1	100 010	8010
	Name of	Person Person	at ( <u>437</u> ) 267 - Area Code Daytim	とよりり c Telephone Number
		e following amount:		
<b>\$</b> 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)
/		NG ADDRESS:	STREET/COURI	
	Divisio	ntion Section n of Corporations	Registration Section Division of Corpor	
	P.O. Bo Tallaha	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>0</u> Florida document number <u>L 12000014370</u> .	1 31 2012 and assigned
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 design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
	Florida
Ciry	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, enter the title, name, and address of each person\_being added or removed from our records:

MCD -	Manager		
MIGIC -	Minnager		
AMBD -	- Authorized Momber		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Nguyen, Tuan A	4072 Town Center Orlando, FC 32837	b Kdd
			☐ Remove
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od November 19th 2019.  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	ed	November 19th 2019
Signature of a member or authorized representative of a member		Kindras
		Signature of a married representative of a married

Page 3 of 3

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