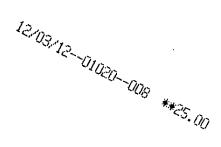
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Nona Nail & Spa L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda L. Gaustad, Esquire

The Law Office of Linda L. Gaustad, P.A.

815 South Volusia Avenue, Suite 1

Orange City, Florida 32763

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

inda L. Gaustad

 $at \underbrace{(386)}_{\text{Area Code \& Daytime Telephone Number}} \underbrace{456\text{-}0500}_{\text{Number}}$

Name of Person

Enclosed is a check for the 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)

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

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SILAHASSEE FIATE

Nona Nail & Spa, L.L.C.

(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 Lia Florida document number L12000137716	bility Company v	were filed on October 2	29, 2012	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the	designation "LLC"	' or the abbreviation
Enter new principal offices address, if applicable:		13864 Narcoossee Road		
(Principal office address MUST BE A STREET ADDRESS)		A103	· · · · · · · · · · · · · · · · · · ·	
		Orlando, Florida 32	827	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered office.)	· registered offic	ce address on our reco	ords, enter the 1	name of the new
registered agent and/of the new registered offi	ce address here.			
Name of New Registered Agent:	Thai N. Tran		,	
New Registered Office Address:	7210 Chelsea Harbour Drive			
	Enter Florida street address			
	Orlando:		, Florida 32829	
		City		ip Code
New Registered Agent's Signature, if changing Re	gistered 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			
	.		Add
			Remove
	•		
			Add
	l		Remove
			
			Add
		<u> </u>	Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
-		
-		
-		
Dated		
	Signature of a member or authorized representative of a member	
	Thai N. Tran	
	Typed or printed name of signee	

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Filing Fee: \$25.00