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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
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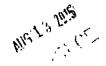




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SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration So Division of Con	ection rporations			
	STMENT LLC.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HUNG V LE			
		Name of Person		
	PERFECT NAILS			
		Firm/Company		
	3060 E. SEMORAN BLV	D, STE 210		
		Address		
	APOPKA, FL 32703			
		City/State and Zip Code	<u> </u>	
	CDQSERVICES@YAHOO			
	E-mail address: (to be used for future annual report n	· •••	
For further information c	oncerning this matter, please c	all:	2015 SEC! ALL/	·
HUNG LE		407 774-6779 at ()	NUG I RETAI AHAS	
Name of	f Person	Area Code Dayt	ime Telephone Numbern -< 2	
			FLOR	O
Enclosed is a check for the	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)	

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

	O1	1
,	INVESTMENT	4 11
(Name of the Lin	nited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) ompany)
Γhe Articles of Organization for this Limited	Liability Company were filed	d on 02/05/2014 and assigne
Florida document number L14000019751	·	The state of the s
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability comp	pany here:
he new name must be distinguishable and contain the	words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·	2015 FAIL
		AUG
nter new mailing address, if applicable:		SA
Mailing address MAY BE A POST OFFICI	<u> </u>	
		F. C
		PATE 3:
 If amending the registered agent an egistered agent and/or the new registered. 		ress on our records, enter the name of the
egistered agent and/or the new registered	omce address here.	
Name of New Registered Agent:	FRANK Q LE	
New Registered Office Address:	1216 E. COLONIAL DRI	VE, STE 10
	E	nter Florida street address
	ORLANDO	, Florida 32803
	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, 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
			
			☐ Remove
	•		☐ Change
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Page 3 of 3

Filing Fee: \$25.00