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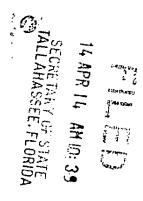
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Michele's Nails, LLC	
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:	
Michael E. Steuer, CPA	
Name of Person	
Steuer & Co., CPA	
Firm/Company	
1000 S Belcher Rd. Suite 7	
Address	
Largo, FL 33771	
City/State and Zip Code mike@mikethecpa.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael E. Steuer, CPA (727, 797-9000)	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	f Status &
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section	

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

Michele's Nails, LLC	ted Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	s on our records.)		<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on 04/02/2014 Florida document number L14000053761					and assigned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :			
he new name must be distinguishable and end with the	words "Limited Liab	oility Company," the c	designation "LLC" of	or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:		4308 Longsl	nore Drive 🧸 🖏	đ ₌₁		
Principal office address MUST BE A STREET ADDRESS)			es, FL 34639	717 338 114 '	77 27/22	
 -				AKE PR		
•				ASSE ANA	THE STATE OF THE S	
Enter new mailing address, if applicable:		4308 Longsl	nore Drive	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		Land O' Lak	es, FL 34639	S 12:13	i Sign	
		<u> </u>				
3. If amending the registered agent and registered agent and/or the new registered of Now Registered Agents			our records, <u>e</u>	enter the i	name of the	
Name of New Registered Agent:	4000 /	t and D				
New Registered Office Address:	4308 Longs		da street address	·		
	Land O' Lakes		, Florida 34639			
		City	, Floric	ia <u>U-7009</u> 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Remove
		,: <u> </u>	
			Add
			Remove □
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			Add
			Remove
			
			Remove
 ,			
			□ Remove

04-07-'14 13:28 FROM-SunTrust Bank	813-948-7520	T-358	P0003/0003	F-637
3. If amending any other information, enter chan	ge(s) here: (Attach additional t	rheets, if necessar	ry.)	
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			····	
			- <u> </u>	
				
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Plorida Department of:	receipt or filed date and cannot be mor State)	(optional) c than 90 days after		
Dated 4/7/14,	······································			
Mohu Tellecia	per or authorized representative of a n	araber	······································	
Michele Felicciardi	ovi vi aminorizee ropiosentanto vi a n			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

