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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : TAP SOLUTIONS INC Account Number : I20210000103

Phone Fax Number

: (786)615-3057 : (786)615-3058

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: INFO @ tap Solution ret

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAIL STUDIO OF FORT MYERS LLC

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Ø10002/0004

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| NAIL STUDIO OF FORT MYER                            |  | 1.  |
|---|--|---|
| (Name of the Lim                                    | (A Florida Limited Liability Company)      | an our records,)                            |
| he Articles of Organization for this Limited I      |  | 0/2015 and assigned                         |
| lorida document number L15000199592                 |  |   |
| This amendment is submitted to amend the fol        | lowing:                                    |   |
| A. If amending name, enter the new name             | of the limited liability company here      | 2:  |
|   |  |   |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the des | ignation "LLC" or the abbreviation "L,L,C," |
| Enter new principal offices address, if appli       | eable:                                     |   |
| Principal office address MUST BE A STRE             | ET ADDRESS)                                |   |
|   | <u>-</u>                                   |   |
|   |  | 2   |
| Enter new mailing address, if applicable:           |  | 22  |
| (Mailing address MAY BE A POST OFFICE BOX)          |  | - : : : : : : : : : : : : : : : : : : :     |
|   |  |   |
|   |  |   |
| 3. If amending the registered agent and/or          | registered office address on our rec       |   |
| gent and/or the new registered office addr          | ess here:                                  | *   |
|   | ONTORNA CHAREZ                             | 39  |
| Name of New Registered Agent:                       | CRISTNA SUAREZ                             |   |
| New Registered Office Address:                      | 2131 NW 6 ST UNIT 3                        |   |
|   | Enter Florid                               | la street address                           |
|   | MIAMI                                      | , Florida <u>33126</u>                      |
|   |  | 7. 4. 1                                     |

## 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.

Cly

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

| Title               | <u>Name</u>                           | <u>Address</u>         | Type of Action |
|---------------------|---------------------------------------|------------------------|----------------|
| MGR                 | EMILY NGUYEN                          | 8392 SILVER BIRCH WAY  |                |
|                     |                                       | LEHIGH ACRES, FL 33971 | ≅Remove        |
|                     |                                       |                        | Change         |
| AMBR CRISTNA SUAREZ | CRISTNA SUAREZ                        | 2131 NW 6 ST UNIT 3    | <b>=</b> Add   |
|                     |                                       | MIAMI, FL 33126        | □Remove        |
|                     |                                       | <del></del>            |                |
|                     |                                       |                        |                |
|                     |                                       |                        | □Remove        |
|                     |                                       |                        | □Change        |
|                     |                                       |                        | CIAdd          |
|                     |                                       |                        | □Rcmove        |
|                     |                                       |                        | ☐ Change       |
|                     | · · · · · · · · · · · · · · · · · · · |                        | DAdd           |
|                     |                                       |                        | □Remove        |
|                     |                                       |                        | ☐ Change       |
|                     |                                       |                        | □Add           |
|                     |                                       |                        | □Remove        |
|                     |                                       |                        | □ Change       |

| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th descord is filled.   |                           |
|--|---------------------------|
| Effective date, if other than the date of filing:  |                           |
| Effective date, if other than the date of filing:  |                           |
| Effective date, if other than the date of filing:  |                           |
| Effective date, if other than the date of filing:  |                           |
| Effective date, if other than the date of filing:  |                           |
| Effective date, if other than the date of filing:  | <del></del>               |
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| Note: If the date inserted in this block does not meet the applicable statutory firing requirements, this date will not document's effective date on the Department of State's records.  The record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.   |                           |
| Note: If the date inserted in this block does not meet the applicable statutory firing requirements, this date will not document's effective date on the Department of State's records.  The record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.   |                           |
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|  | y after the               |
| Dated FEBRUARY 04 2022 Signature of a member providence of a member provid                  | _                         |
| EMILY NGUYEN   |                           |

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