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SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEF E STATE

D. BRUCE.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beyond Nail Art 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:
Marina V Mercado Name of Person
Beyond Wail Art, LLC Firm/Company
3363 Cypress Legends Cit #1222
Fort Myers FL 33905 City/State and Zip Code Beyond nail artist@ gmail. com Remail address: (to be used for future annual report Artification)
For further information concerning this matter, please call:
Marina V Mercado at (239) 297-6030 Name of Person Area Code Daytime Telephone Number ST
Enclosed is a check for the following amount: \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

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

Beyond Nail Art, LLC
(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 Liability Company were filed on 12/28/2015 and assigned Florida document number <u>L15000 213616</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Beyond Vail Art, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 9841 Bernwood Place Dr Unit 109
Principal office address MUST BE A STREET ADDRESS) St. 2 Fort Myers, FL
<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX 3363 Cypress Legend's Cir Apt # 1222 Fort Myers, FL 33905 Ex = 1
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Mariha V Mercado =
New Registered Office Address: 3363 Cypress Legends Gr #pt # 1222 Enter Florida street address
Fort Myers , Florida 33905
Naw Dagistared Agent's Signature if abanging Dagistared Agent.

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 = M $AMBR = A$	Anager Authorized Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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			Change

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Effec	tive date, if other than the date of filing:(optional)
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 655.0 07 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment be listed as t
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1_10/3/
	Man
	/
	Sign of the state
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00