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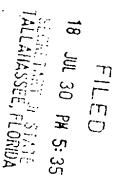
(Requestor's Name) (Address)
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AUG 0 7 2018 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ECT:	Nail Boutique & Spa Ste	erling Creek LLC		
		Name of Lim	ited Liability Company		
The en	elosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
Anh Thi NGUYEN					
			Name of Person		
		Nail Bo	outique & Spa Sterling Creek	LLC	
			309 Crystal Pond Ave		
			Address		
			Deland, FL 32720		
			City/State and Zip Code		
	T@nailboutiquespa.com E-mail address: (to be used for future annual report notification)				
For fur	rther information c	oncerning this matter, please co	-		
	Anh Thi Ng	uven	at ((404)) 844-3	.337	
		f Person		me Telephone Number	
Enclos	sed is a check for th	ne following amount:			
X \$2	5.00 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)	
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COUP Registration Sect Division of Corp Clifton Building		
		issee, FL 32314	2661 Executive (Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nail Boutique & Spa St	erling Creek	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	02/18/2016	and assigned
Florida document number <u>L16000038232</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the o	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			5 5 5 5
Enter new mailing address, if applicable:			ILF
(Mailing address MAY BE A POST OFFICE BOX)			
			5
B. If amending the registered agent and/or registered off	ice address o	n our records e	$\frac{\omega}{\Delta}$
registered agent and/or the new registered office address here		. ou records, <u>e</u> .	mer the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	City	Florid	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>	Name	Address	Type of Action
AMBR	Tina Thu VO	2010 River Park Blvd	⊠ Add
		Orlando, FL 32817	□ Remove
			□ Remove
		 	☐ Change
			Add
			□ Remove
			□ Change
			
		s. 170	☐ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change

Note: If the	ate, if other than the date of filing: August 1, 2018 (optional) 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 605 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister effective date on the Department of State's records.	.020 ed a
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies h day after the record is filed.	≘ r (
Dated	July 12 2018	
	Signature of a member of authorized representative of a member	
	Signature of a member pradmonized representative of a member	

Page 3 of 3

Filing Fee: \$25.00