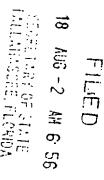
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COVER LETTER

TO:	Registration Se Division of Cor							
SUBJE	СТ:	Nail Boutique & Spa Ste						
		Name of Lim	ited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please (eturn all correspo	indence concerning this matter	to the following:					
		<u></u>	Anh Thi NGUYEN					
			Name of Person					
		Nail Bo	Nail Boutique & Spa Sterling Creek LLC					
			FirmCompany					
			309 Crystal Pond Ave					
			Address					
		Deland, FL 32720 City/State and Zip Code						
		C. mail addrage: 1	T@nailboutiquespa.com to be used for future annual report no	diffication)				
For fur	her information c	oncerning this matter, please ca	•					
Anh Thi Nguyen		at (<u>(404)</u>) <u>844-3</u>						
	Name o	f Person	Area Code Dayti	me Telephone Number				
Enclose	ed is a check for the	ne following amount:						
X \$2:	i.00 Filing Fee	S30.00 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

Nail Boutique & Spa (Name of the Limited Liability Con (A Florida Limite	a Sterling Creek npany as it now appea ed Liability Company)	(LLC ars on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on _	02/18/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	nere:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> FR = 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>
Enter new mailing address, if applicable:			G-2 M
(Mailing address MAY BE A POST OFFICE BOX)			0 56 56
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>ei</u>	nter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		Florid	
	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
AMBR	Tina Thu VO	2010 River Park Blvd	MAdd
		Orlando, FL 32817	☐ Remove
			☐ Change
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			Perphove School School Change
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If an effective (Note: If the	ate, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	specific and can does not meet	not be prior to the applicabl	date of filing or			ig.) Pursuant to	
	specifies a delayed ef n day after the record		e, but not a	an effective	e time, at :	l2:01 a.m	, on the ea	ırlier of:
Dated	July 12		2018	·				
			71					
_	Sign	ature of a mem	ber ny authoriz	ed representati	ve of a member	er		-

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Filing Fee: \$25.00