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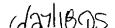


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## **COVER LETTER**

TO:

Registration Section

Divisi	ion of Cor	porations		
	Nails Lala I			
SUBJECT: _				
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Yen Lam		
			Name of Person	<del></del>
		Nails Lala LLC		
		<del></del> <del>-</del>	Firm/Company	<del></del>
		1125 N. Adams St.		
		<del></del> .	Address	
		Tallahassee, FL 32303		
			City/State and Zip Code	
		its_yenn@yahoo.com E-mail address; t	to be used for future annual report notifu	cation)
For further info	ormation co	oncerning this matter, please ca		
Yen Lam			850 322-4492 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is Enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nails Lala LLC		
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our lorida Limited Embility Company)	records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
Florida document number <u>L16000048082</u>	·	
This amendment is submitted to amend the followin	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
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	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		
		(=== ;
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street	address =
	tmer r tortaa sirvel	: · · · · · · · · · · · · · · · · · · ·
_	 City	, Florida 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
MGR	Tri Duong	1741 River Birch Holw	□ Add
		Tallahassee, Fl. 32308	Remove
			☐ Change
		<del></del>	Add
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		<u></u>	□ Remove
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fective date, if other that n effective date is listed, the da	i the date of fili te must be specific a	ng:	o date of filing or n	oore than 90 days a	ptional) fter filing.)	نـــ Puī <b>sü</b> ant to	605.020
ote: If the date inserted in t cument's effective date on	his block does not	meet the applica	ble statutory filir	g requirements,	this date v	ill not be برجا	listed a
	·				1. 1.*		
record specifies a del The 90th day after the			an effective	time, at 12:0	1 a.m. o	n the e	arlier (
The sour day area are	. , cco. a 15 ///cc						
ted June 27		_· <u>2018</u>	<u> </u>				
1 XM	Signature of	a member or autho	rized representative	of a member			_
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	$\nu$ $\wedge$	A = A + A + A + A + A + A + A + A + A +	d name of signee				

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Filing Fee: \$25.00