## 1110000075268

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIC	HIALEAH	FAMILY NAILS LLC		
SORTE	CT:	Name of Lim	ited Liability Company	
The ene	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ANGELINA C. LI		
			Name of Person	
		JAL ACCOUNTING P.A.		
			Firm/Company	
		3363 SHERIDAN STREE	T STE 214	
		· · · · · · · · · · · · · · · · · · ·	Address	
		HOLLYWOOD, FL 33021	l	
			City/State and Zip Code	
		ANGELINACL@HOTMA	IL.COM to be used for future annual report notification)	<del></del>
For furt	her information c	oncerning this matter, please ca		
QIU TA	AO CHEN		954 661-0503	
	Name o	f Person	at () Area Code Daytime Telephone	Number
Enclose	d is a check for th	ne following amount:		
□ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	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/COURIER ADDR Registration Section Division of Corporations Clifton Building	RESS:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIALEAH FAMILY NAILS LLC (Name of the Lim		ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L16000075268	Liability Company	were filed on APRIL 15, 2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
NONE			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NONE	
(Principal office address MUST BE A STRE	ET ADDRESS)		44-7-27-7-1-1-1
Enter new mailing address, if applicable:		NONE	
Mailing address MAY BE A POST OFFICE	BOX)		r records, enter the name of the r
			* * *
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	QIU TAO CHE	N	
New Registered Office Address:	9003 NW 112T	H TER	557 66
		Enter Florida street address	
	HIAL BAU		22019

## 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.

W. M. ADV

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	РНАТ НО	9003 NW 112TH TER	Add
		HIALEAH, FL 33018	■ Remove
			Change
			□ Add
		11-15/7	□ Remove
			Change
			∩ Add
			Romove  A H Change  Share Change
			SEE. F. D. A. C. D. C.
			Change
<del></del>	**************************************		Add
		<del></del>	Remove
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Filing Fee: \$25.00