L16000131729

(F	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
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	Business Entity Name)
()	Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp		·	
SUBJE	ст:А	HAVA NAIL S Name of Li	pa LLC imited Liability Company	
The enc	closed Articles of A	Amendment and fee(s) are su	ubmitted for filing.	
Please r	eturn all correspor	ndence concerning this matte	er to the following:	
		Phu	Name of Person	
		AHAU#	Firm/Company	<u>C</u>
			71 Nw 88 th au	<u> </u>
		Tan	Narac FL, 3332 City/State and Zip Code	TALLAND FI
		ahayana E-mail address	il Spalle & Yahno. Con ito be used for future annual report notif	n
For furt	her information co	ncerning this matter, please		ST 4
	Phyona	Lam	at (314) 265-5	
	Name of	Person	Area Code Daytime	e Telephone Number
-		e following amount:		
\$25	.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)

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

TO ARTICLES OF ORGANIZATION OF

Maria Maria L. M.

<u>throva rail sa</u>	<u>a ll</u>
(<u>Name of the Limited Liability</u> (A Florida I	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on July 12, 2016 and assigned
Florida document number <u>L16000131729</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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

· or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Phyony Lam	7071 Nw 88th ave	tD Add
	J	7071 NW 88th ave Tamara FL 33321	□ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			NETANGOES ATE
			Remove
			Change
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	<u>်ာ္ ယူ</u>
f an effe Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	August 22, 2016
	Signature of a member authorized representative of a member
	DI 1
	Phyona Lam

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Filing Fee: \$25.00