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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SUPERBIZ.COM, INC. Account Number : 1200 70000160 Phone : [800]494-312-: [800]494-3124 Pax Number **Snter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Empil Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARAH STRATEGIES Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | SARAH ST | RATEGIES | | | | | |
|---|---|---|-----------------------------|-------------|-----------------|--------|--|
| (Name of the Lim) | ted Liability Compa (A Florida Limited I | ny as it now appears of Liability Company) | on pur records,) | | | | |
| The Articles of Organization for this Limited L Florida document number L16000152847 | iability Company | were filed on 8/15/ | 2016 | a | nd assigne | ed | |
| This amendment is submitted to amend the foll | lowing: | | | | | | |
| A. If amending name, <u>enter the new name o</u> | _ | ility company here | : | | | | |
| TOP NAIL AND SPA SANDRA LLC | | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company." the desi | gnation "LLC" or the | e abbreviat | ion "L.L.C. | ,,, | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | PALM BAY CENTER 4700 BABCOCK ST NE #25 | | | | | |
| | | PALM BAY FLORIDA 32905 | | | | | |
| Enter new mailing address, if applicable: | | PALM BAY CEN | ITER 4700 BABC | OCK ST 1 | NE #25 | | |
| Mailing address MAY BE A POST OFFICE BOX | | PALM BAY FLORIDA 32905 | | | | | |
| | | | #1 | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | l/or registered o | ffice address on c e: | our records, <u>en(</u> | ter-the r | | the ne | |
| Name of New Registered Agent: | SANDRA SHO | DAF | | | 29 | gas, | |
| New Registered Office Address: | PALM BAY C | ENTER 4700 BABC | | | စော 🥫 | | |
| | PALM BAY | Enter Florida | a street address Florida | 2000 | <i>ජා</i> පා | | |
| · | | 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

Page 1 of 3

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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 | PAULA A GUZMAN | PALM BAY CENTER 4700 BABCOCK ST NE #25 | ; □ Add |
| | | PALM BAY FLORIDA 32905 | □ Remove |
| | | | Change |
| MGR | SANDRA SHOAF | PALM BAY CENTER 4700 BABCOCK ST NE #2: | 5 ■ Add |
| | | PALM BAY FLORIDA 32905 | 🗆 Remove |
| | | | Change |
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| | | | _□ Change |

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if ne | H160002528 cessary.) | 16 3 | |
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| E. Effec | ive date, if other than the date of filing: (op | E | ඩ ස්ව | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (If an et Note: | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records. | er filing Pursu | की रि ठ 60 it be lis | 15.0207 (3) ted as the |
| (f the re (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed. | a.m. on th | e earl | ier of: |
| Dated | OCTOBER 10TH 2016 | | | |
| | Landra Shoak | | | |
| | Signature of a member or authorized representative of a member | | | |
| | SANDRA SHOAF | | | |