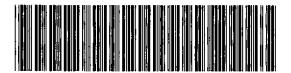
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(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	<u> </u>
(Docum	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor		•	
SUBJEC		ourne Nail Salon LLC		
SUBJECT:Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		SUONG NGUYEN		
			Name of Person	
		West Melbourne Nail Salo	n I.I.C	
			Firm/Company	_
		4311 Norfolk Pkwy, Ste 10	06	
			Address	
		West Melbourne		
			City/State and Zip Code	
		suongnguyentl@gmail.com	to be used for future annual report notifi	
làse fio c thi	er information e	encerning this matter, please ea	-	cation)
	NGUYEN	- , ,	321 674-1694	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Melbourne Nail Salon LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000171666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		and assigned
<u></u>		113 C
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ter the name of the new
New Registered Office Address:		
Tew registered expect radioss.	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I do provided for in Chapter 605, F.S.	um familiar with and Or. if this document is

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 DIEM NGUYEN	DIEM NGUYEN	574 Higgs Ave NW.	
		Palm Bay, FL 32907	□ Remove
		☐ Change	
		□ Add	
			🗖 Remove
			☐ Change
		Add Add	
		Add FE Add FE ON Charge	
		PROPERTY OF Add 7	
		☐ Remove	
		☐ Change	
		□ Remove	
		☐ Change	
	· · · · · · · · · · · · · · · · · · ·		
			☐ Remove
			☐ Change

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	2: 4 0RID
	
Tective date, if other than the date of filing: $\frac{01/01}{1}$	//2018 (optional)
an effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's re-	cords.
e record specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
02/21/2018 ated .	
	 ,
Aus	
	or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00