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## . COVER LETTER

Division of Corporations
SUBJECT: Elegant Nails & SPA LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vui Nguyen Nicoletta
Elegant Nails & Spa LLC Firm Company
5365 South Morida Ave
Lakeland FL 33813
City/State and Zip Code  Kn, iv Cl 3 @ Smail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vui Nguyen Nicoletta at (863) 326-0185  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$560.00 Filing Fee, \$\frac{1}{2}\$\$  Certificate of Status & Certified Copy tadditional copy is enclosed)  Certified Gopy tadditional copy is enclosed)
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MAILING ADDRESS:

TO:

Registration Section

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

Elegant Nails (Name of the Limited Liability Co. (A Florida Liability Co.)	\$ Spa LLC
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Conflorida document number $\underline{L1700007009}$ .	appany were filed on $\frac{01/09/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
•	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 ADDRES	<u>SS)</u> =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. It amending the registered agent and/or register registered agent and/or the new registered office addres	
Name of New Registered Agent:  New Registered Office Address:  5	i Nguyen Nicoletta 365 South Florida Ave
New Registered Office Address: 5	365 South Morida Ave
La	Keland Florida 33813
New Registered Agent's Signature, if changing Registered A	Cuy Esp Coue

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Salem Nguyen	573 Willet Circle	
		Auburndale, FL 33823	Remove
	;		🗆 Change
<u>MCR</u>	Vui Nguyen Nicoletta	5365 South Florida Ave Lakeland, FL 33813	
		Lakeland, FL 33813	□ Remove
			Change
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	ive date, if other than the date of filing: 10/02/2017 (optional) betive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	~~?
red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
- 10	90th day after the record is filed.
The	10/02/ 2017
The	
The	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00