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D. SCOTT JUL 7 2017

COVER LETTER

Division of Co	orporations				
GROVEL SUBJECT:	AND CENTURY NAILS & S	PA, LLC			
50B6E01.					
The enclosed Articles of	1 Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	YU LIU				
		Name of Person			
		Firm/Company			
	GROVELAND CENTURY NAILS & SPA, LLC CT: Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: YU LIU Name of Person Firm/Company 7985 STATE ROAD 50 SUITE D200 Address GROVELAND, FL 34736 City/State and Zip Code LIANGACCT@YAHOO.COM E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call: 1 at (407) 353-3712 Area Code Daytime Telephone Number Lis a check for the following amount: 10 Filing Fee \$ \$55.50 Filing Fee & Certified Copy (Certificate Copy (additional copy is enclosed)) Certificate Certified Copy (Certificate Copy (additional copy is enclosed))				
		Address			
	GROVELAND, FL 34736	j			
	LIANGACCT@YAHOO.C		-	SEC SEC	
			fication)	聖治	\neg
For further information	concerning this matter, please c	all:		ASSET -5	
YU LIU		at ()			Ċ
Name o	of Person	Area Code Daytime	Telephone Number	JUL -5 MIN: 44 ANIASSEE, TIONID:	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate Certified C	of Status &	
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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

GROVELAND CENTURY NAILS & SPA	·	
(Name of the Limited Liah (A Flor	ollity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/17/2017	and assigned
Florida document number L17000109644		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi	istered office address on our records, enter	the name of the n
egistered agent and/or the new registered office ad	dress here:	平667
		医器 鱼 五
Name of New Registered Agent:		震了三
		SE S IT
New Registered Office Address:	Enter Florida street address	
	and a south and the standard and	
	, Florida	
	City	プロ じゅん ゲ

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

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	XIU YING YOU	7985 STATE ROAD 50 SUITE D2	
		GROVELAND, FL 34736 ■ Remov	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00