117000231690

	(Req	uestor's Nam	e)	•	
	(Addı	ress)	,		
	(A -1-I-	- -			
	(Aaar	ress)			
	(City/	State/Zip/Pho	one #)		
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	(Busi	ness Entity N	iame)		
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Certified Copies		Certifica	tes of S	Status	_
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Special Instructions	to Fi	lling Officer:			
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Office Use Only



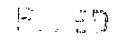
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C/ 1/21/2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAY 30 AM 7: 41

A TO Z NAIL SUPPLY, LLC		5 TATE
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records ALL FE. FL
The Articles of Organization for this Limited Liab Florida document number <u>L17000231690</u>	ility Company were filed on $\frac{117}{2}$	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company her	<u>:e</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the de	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
B. If amending the registered agent and/or registered office address h		cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	la street address
-	City	Florida 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

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	JOHN HGOC HUU NGUYEN	10095 BEACH BLVD #626	≒Add
		JACKSONVILLE, FL 32246	□Remove
		.	□C hange
			□Remove
			□Change
			□Remove
			LlChange
			F Add
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			Change
			□Remove
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Note: If the date inserted in this	must be specific and cannot be prior	able statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
record specifies a delayed effec	rtive date, but not an effective ti	me, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
: record specifies a delayed effected is filed.		me, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
	2023	me, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
: record specifies a delayed effected is filed.	. 2023	·	
: record specifies a delayed effected is filed.	. 2023	me, at 12:01 a.m. on the earlie	

Filing Fee: \$25.00