## 117000232187

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Досип	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	a Officer:	
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Office Use Only



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T. MATTHEWS

JAN 10 2022

## **COVER LETTER**

	tion Section of Corporations		f
JET SUBJECT:	CAIME NAILS & SPAILLC	•	
SUBJECT:	Name of	Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are	submitted for filing.	
Please return ail c	orrespondence concerning this mat	ter to the following:	
	HOANG, TH <b>Y</b> C		
		Name of Person	<del></del>
	JE TAIME NAILS & S	SPA LLC	
		Firm/Company	
	1500 BEVILLE ROAD	UNIT 408	
	<del></del> -	Address	
	DAYTONA BEACH, F	7L 32114	
		City/State and Zip Code	····
	THYHOANG99@YAH		
	E-mail addres	s: (to be used for future annual report no	otification)
For further inform	ation concerning this matter, please	e call;	
THY HOANG		305 546-5143	
	Name of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 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 A		Street Address:	
-	ition Section 1 of Corporations	Registration Solution of Co	
P.O. Bo	•	The Centre of	-

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 DEC 15 PH 3: 31

JE T'AIME NAILS & SPA LLC

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

(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new	ned	Articles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (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 office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		rida document number 1.17000232187	orida do
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		s amendment is submitted to amend the following:	nis a <b>me</b> n
Enter new principal offices address, if applicable:  (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 office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		If amending name, enter the new name of the limited liability company	. If ame
(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 office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:	C."	new name must be distinguishable and contain the words "Limited Liability Company," the	e new nar
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		er new principal offices address, if applicable:	nter nev
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		incipal office address MUST BE A STREET ADDRESS)	rincipal
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		·	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	<del></del>	er new mailing address, if applicable:	nter nev
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		illing address MAY BE A POST OFFICE BOX)	failing a
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Name of New Registered Agent:  New Registered Office Address:	ua eria ta u	If amending the registered agent and/or registered office address on our	Ifama
New Registered Office Address:	egister		
New Registered Office Address:			
		Name of New Registered Agent:	<u>1</u>
		New Registered Office Address:	
			_
Florida  City Zip Code			
City Zip Code		City	
New Registered Agent's Signature, if changing Registered Agent:		Registered Agent's Signature, if changing Registered Agent:	w Regis

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	TRAN. PHUNG T	1500 BEVILLE ROAD UNIT 408	
		DAYTONA BEACH, FL 32114	Remove
			□Change
MGR	HOANG, MINH THUY T	3872 SUNSET COVE DRIVE	<b>≣</b> Add
		PORT ORANGE, FL 32129	□Remove
			□Change
			\D\Add
			□Remove
			□Change
			□Add
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n effective date, it other than the date on effective date is listed, the date must be spe	of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block document's effective date on the Department.	ses not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
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	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
DECEMBER 8TH	2021
DECEMBER 8TH	$\frac{2021}{2}$
nted	, <del>2021</del> .