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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	OSMO Nails T	Bar Tampa Ll ed Liability Company	<u> </u>
	10.4	(v. 1.6 - 6))	
The enclosed Articles of A	Amendment and fee(s) are subm	ntted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Cy	Hlia Dang Name of Person	
	Cosmo N	Jails Bar Tan	upa Lh C.
	9042 Pr	Togress Bluch-	,
	<u> Rivervie</u>	City/State and Zip Code	7
	Cdana (5 be used for future annual report notifica	v)
For further information co	oncerning this matter, please cal	11:	
Name of	Hima Dang	at (813) Area Code Daytime T	OS47 elephone Number
Enclosed is a check for th	e 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 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

.Y

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cosmi	o Nail	S Bar Tampa	LLC.
(Name of the Limited (A) The Articles of Organization for this Limited Liab	. Florida Limited I	ny as it now appears on our decordiability Company)	ds.) and assigned
Florida document number <u>L17000237</u>			五
This amendment is submitted to amend the follow	_	ilitar commune honor	195 B
A. If amending name, enter the new name of t			
The new name must be distinguishable and contain the work Enter new principal offices address, if applicate (Principal office address MUST BE A STREET)	ole:	9042- Progress Riverview	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>0X)</u>	15513 Lake P Tampa FL	sella lista Dr 33625
B. If amending the registered agent and/or registered agent and/or the new registered offi			is, enter the name of the nev
Name of New Registered Agent:	Same	AS current	
New Registered Office Address:		Enter Florida street addre	255
		City:	lorida
New Registered Agent's Signature, if changing Re	gistered 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, Samature 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 Type of Action <u>Title</u> <u>Name</u> **Address** ☐ Remove ☐ Change ☐ Remove Change Remove ☐ Change □ Add ☐ Remove □ Remove ∠☐ Change □ Add ☐ Remove ☐ Change

n amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effection No <u>te:</u> I	te date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 90 th day after the record is filed.
Dated _	12 (15 17)
	Signature of a member or authorized representative of a member
	Typed or printed name of stepee

Page 3 of 3

Filing Fee: \$25.00