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COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT:	COS MO Name of Limi	BAR TANK Pa	LLC.
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	<u>Cin</u>	dy Dang () Name of Person()	
	Cosmo	Nay Bar Tay	upa LLC
	9042	ROGRESS BIND	
	Rivery	City/State and Zip Code	78
	E-mail address ()	GOS GO MALLOTO. Co	fication)
For further information of	oncerning this matter, please cr	•	
Name o	de Dang	at $(\frac{S13}{\text{Area Code}})$ $\frac{S43}{\text{Daytime}}$	CS47 e Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cosino Naj	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	
Florida document number $L17000337838$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Cosmo Nail Bas -	Tamina LLC
The new name must be distinguishable and contain the words "Limited Liabi	hity Company." the designation "LLC" or the abbreviation "L.L.C."
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)	FILED PLEASE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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
			☐ Remove
			☐ Change
		 	☐ Remove
			☐ Change
			☐ Change
			□ Add
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			☐ Remove
			Change
			□ Remove
			☐ Change

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to change effective date	Uto Feb 10 /2	<u> </u>
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and Do I have to re	nowal the L	L c
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2/2/2019		77
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In effective date, if other than the date of filing: 2/0/2018	(optional) ore than 90 days after filing.) Pursuant to grequirements, this date will not be to be time, at 12:01 a.m. on the e	72 № 05. 11ste

Page 3 of 3

Filing Fee: \$25.00