## 117000254374

| (Re                     | questor's Name)   |           |
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| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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2017 DEC 22 PM 4: 49

SECRETARY OF STATE

K SALY DEC 26 2017

## **COVER LETTER**

TO:

| TO:       | Registration Se<br>Division of Cor |  |  |
|-----------|------------------------------------|--|--|
| SUBJEC    |                                    | O SPA & NAILS, LLC                           |  |
| SUDJEC    | ~I·                                | Name of Lim                                  | ited Liability Company   |
| The encl  | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.   |
| Please re | turn all correspo                  | ondence concerning this matter               | to the following:  |
|           |                                    | PHOUVILAY TAYXAYA                            | AVONG  |
|           |                                    | <del></del>                                  | Name of Person   |
|           |                                    | SECRETS SPA & NAILS                          | . LLC  |
|           |                                    |  | Firm/Company   |
|           |                                    | 13424 S.W. 281 TERRAC                        | E  |
|           |                                    |  | Address  |
|           |                                    | HOMESTEAD, FL 33032                          | <u>.</u>   |
|           |                                    |  | City/State and Zip Code  |
|           |                                    | Phouvilay@gmail.com                          |  |
|           |                                    | E-mail address: (                            | to be used for future annual report notification)  |
| For furth | ner information c                  | oncerning this matter, please ca             | all:   |
| Phouvila  | ay Tayxayavong                     |  | 305 322-9585<br>at ( )   |
|           | Name o                             | f Person                                     | Area Code Daytime Telephone Number   |
|           |                                    |  |  |
|           |                                    | ne following amount:                         |  |
| \$25.     | 00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | ✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Solution Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|           |                                    | ING ADDRESS:                                 | STREET/COURIER ADDRESS:  |
|           |                                    | ration Section<br>on of Corporations         | Registration Section Division of Corporations  |
|           | P.O. Be                            | ox 6327                                      | Clifton Building   |
|           | Tallaha                            | issee, FL 32314                              | 2661 Executive Center Circle   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOITOEC 22 PM & 49

TALLAHASSEE, FLORIDA

XOXO SPA & NAILS, LLC

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

| The Articles of Organization for this Limited Liability Company Florida document numberL17000254374                     | were filed on 12/13/2017 and assigned                            |
|---|--|
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| SECRETS SPA & NAILS, LLC  |  |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity 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)   | 7800 N.W. 25TH STREET; #20                                       |
|   | DORAL. FL 33122  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                                 | 13424 S.W. 281 TERRACE<br>HOMESTEAD, FL 33032                    |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the ne            |
| Name of New Registered Agent:   | ——————————————————————————————————————                           |
| New Registered Office Address:  | Enter Florida street address , Florida                           |
| New Registered Agent's Signature, if changing Registered Agent:   | City Zip Code  |

New Registered Agent's Signature, it 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:

| <u>or removed</u>  | ,                          |         |                |
|--------------------|----------------------------|---------|----------------|
| MGR = M $AMBR = A$ | anager<br>uthorized Member |         |                |
| <u>Title</u>       | <u>Name</u>                | Address | Type of Action |
|                    | <del></del>                |         |                |
|                    |                            |         |                |

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| un effective date<br>ote: If the dat | if other than the is listed, the date in e inserted in this letive date on the | ust be specific and<br>block does not n | cannot be<br>neet the a | prior to date pplicable sta | of filing or more to | doption (option) (option) (days after quirements, this | onal) filing.) Pursuant to 605.020 date will not be listed a |
|                                      | ecifies a delaye<br>ay after the re  |   |                         | t not an e                  | effective time       | e, at 12:01 a  | .m. on the earlier   |
| ated                                 | DECEMB   | >ER 15 ,                                | 20                      | ١٦                          |                      |  |  |
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Filing Fee: \$25.00