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Amend

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TO: Registration Section **Division of Corporations** VISTA NAIL SPA BY KR LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **ROY TANG** Name of Person VISTA NAIL SPA BY KR LLC Firm/Company 6607 S SEMORAN BLVD Address ORLANDO, FL 32822 City/State and Zip Code SKYBLUE321@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROY TANG** 407 473-9127

Name of Person Daytime Telephone Number

Enclosed is a check 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 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

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	
		•	
The Articles of Organization for this Limited I	Liability Company were filed on	and assi	gned
Florida document number 1.18000095098	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "ELC" or the abbreviation "L.l	C."
Enter new principal offices address, if appli	cable:		iter the name of the
(Principal office address MUST BE A STRE	ET ADDRESS)		and assigned "" or the abbreviation "L.L.C." Is, enter the name of the
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	FROY)	1	
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B. If amending the registered agent and	l/or registered office address	on our records, enter the name	of th
registered agent and/or the new registered of			
Name of New Registered Agent:	ROY TANG		
New Registered Office Address:	5654 ROYAL PINE BLVD		
New Registered Office Address.	Enter	Florida street address	
	ORLANDO	Florida 32807	
	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 will 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROY A TANG	5654 ROYAL PINE BLVD ORLANDO, FL 32807	= Add
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Effective date, if other than the d If an effective date is listed, the date must b	ate of filing: be specific and cannot be	prior to date of filing or n	(optional) ore than 90 days after filing.) Pursuant to 605.0
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the ap	oplicable statutory filin	g requirements, this date	will not be listed
document's effective date on the 19cp	artificity of state 8 reco	nus.		
he record specifies a delayed o	effective date, but	t not an effective t	time, at 12:01 a.m. (on the earlie
The 90th day after the recor			•	
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JUNE 25TH Dated	2019 	·		
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	ignature of a member or	authorized representative	of a member	
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Filing Fee: \$25.00