## 118000128528

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	ry/State/Zip/Phone	<del>= ===================================</del>
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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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
		I NAILS LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			CHRISTINE CHEW	
			Name of Person	
		CHRISTIN	E CHEW & ASSOCIATES, I	NC.
			Firm/Company	
			539 N. MILLS AVE	
			Address	
			ORLANDO, FL 32803	
			City/State and Zip Code	<del></del>
			CHEW1@CFL.RR.COM  to be used for future annual repor	natification)
Ese fin	ethar information o	oncerning this matter, please of		
		concerning this matter, prease of		7.0
CHRI	STINE CHEW		407 894-72; at () Area Code Di	aytime Telephone Number
	Name o	f Person	Area Code Di	aytime Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>■</b> \$2	5.00 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)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/CO Registration S Division of C	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUA YING NAILS, LLC.		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.18000128528	ny were filed on 05/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRETON (
Enter new mailing address, if applicable:		F COH
(Mailing address MAY BE A POST OFFICE BOX)		PM 2: 58
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		,,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.</u>
	Ph. 214.	
<del></del>	Florida	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. Thereby 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	ZHENG, HONG	13432 SUMMERPORT VILLAGE PKNY.	
		WINDERMERE, FL 34786	☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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ective date, if other than the di reflective date is listed, the date must b te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	605.020 Histed (
record specifies a delayed e The 90th day after the recor		ctive time, at 12:01 a.m. on the ea	arlier (
august 5TH	2018		
10 m			
	gnature of a member or authorized represe	, ,	-

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Filing Fee: \$25.00