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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Glure Vails LLC  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:
Stephen Vun Schaik Name of Person
allure Nails LLC Firm/Company
734 Riverside Orive
Coral Springs Fl 33071 City/State and Zip Code
Cil ure Noils Cora Spring a G Maile Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Lan Schaik at (904) 401-3401  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

ARTICLES OF O		<b>⋝</b> ∽
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000177003</u> .	ny as it now appears on our records.) .iability Company)	18 OCT 29 AM IND 32 ECRETARY OF SHALE LLAHASSEE FLERIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil.  The new name must be distinguishable and contain the words "Limited Liabil"		ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	734 Riverside	Drive
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs Fl	33071
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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n effectiv <u>te:</u> If th	ate, if other than the date of filing: \( \left( \subseteq 25 \subseteq 1 \) \( \text{N} \) (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	05.020° ted as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl h day after the record is filed.	ier o
ed <u>/</u>	Alaphen Jan Achein Signature of a member or authorized representative of a member	
	Stephen Van Schaik Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00