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COVER LETTER

	ation Section n of Corporations	
Nir	ni's Beauty Shop, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Nermin Doss	
	Name of Person	
	Firm/Company	
	3581 NW 88 Dr. Apt 204	
	Address	
	Coral Springs, FL 33065	
	City/State and Zip Code nermin128@gmail.com	
	E-mail address: (to be used for future annual report notification)	708 S
For further infort	mation concerning this matter, please call:	
Nermin Doss	954 675-7638 at ()	(2.27) + 1.00 (2.27) + 1.00 (2.27)
Enclosed is a che	Name of Person Area Code Daytime Telephone Number eck for the following amount:	PH 3: 52
■ \$25.00 Filing	-	f Status & py

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

Nini's Beauty Shop, 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 were filed on $\frac{08/16/2018}{}$ and assigned Florida document number | L18000197046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nini's Beauty Studio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the_name_of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = M	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ust be specific and can block does not meet	mot be prior to the applica	o date of filing (or more than 90 Iling requiren	days after filing.) ients, this date v	Pursuant to 60 will not be lis	5.0207 (ted as t	3)(t he
the record specifies a delaye The 90th day after the re-		e, but not	an effectiv	ve time, at	12:01 a.m. d	on the earl	ier of:	
Dated August 29		2018	_ ·					
	<u>Men</u>	<u> </u>	lon	-, -				
	Signature of a mem	iber or author	ized representi	itive of a memb	er			
Nermin Doss		nud or printe						

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