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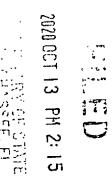
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
cup ucar	BLOOMIN	G NAILS & SPA LLC	<i>,</i> •	
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		ANH HUNG NGUYEN		
		Name of Person BLOOMING NAILS & SPA LLC Firm/Company 2056 Bloomingdale Ave Address Valrico, FL 33596 City/State and Zip Code anhhung 1971@yahoo.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: GUYEN Same of Person at () Area Code Daytime Telephone Number at () Area Code Certificate of Status Certified Copy (additional copy is enclosed) GAddress: GAddre		
		BLOOMING NAILS & SI	Name of Person A LLC Firm/Company Address City/State and Zip Code to be used for future annual report notification) II:	
			Firm/Company	
		2056 Bloomingdale Ave		
			Address	
		Amendment and fee(s) are submitted for filing. Annume of Limited Liability-Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ANH HUNG NGUYEN Name of Person BLOOMING NAILS & SPA LLC Firm/Company 2056 Bloomingdale Ave Address Valrico, FL 33596 City/State and Zip Code anhhung1971@yahoo.com E-nail address: to be used for future annual report notification) oncerning this matter, please call: 1813 1654-6510 Area Code Daytime Telephone Number are following amount: S30,00 Filing Fee & Certified Copy (additional copy is enclosed) S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) S70,00 Filing Fee. Certified Copy (additional copy is enclosed) S81 S82 S83 S84 S85		
			City/State and Zip Code	p Code annual report notification) 654-6510
		,		
				offication)
For further in	iformation c	oncerning this matter, please c	all:	
ANH HUNC	NGUYEN			
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Reg	-	Section	Registration S	
				•
	lahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOMING NAILS & SPAILLC

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
(A Florida Limited Liability Co	ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L18000197546</u> .	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa-	ny," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 09
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	F.S. 2:
(Mailing address MAY BE A POST OFFICE BOX)	6
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANH HUNG NGUYEN	9819 Lauret Ledge Dr. Riverview, FL 33569	□Add
			■Remove
			□ Change
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			□Remove
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ive date, if other than the date of filing:	(option	al)		(0.7.0.1
fective date is listed, the date must be specific and cannot be prior to date of filing or r. If the date inserted in this block does not meet the applicable statutory filing				
nent's effective date on the Department of State's records.				
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (h)	The	արդի ժո	ov after th
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Typed or printed name of signee