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COVER LETTER

Registration Section Division of Corporations

O:

	TYLE NAILS LLC				
UBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing			
	Carlos de los Santos				
		Name of Person			
Name of Person K STYLE NAILS LLC Firm/Company 1634 Se 47th Street Unit 11 Address Cape Coral FL 33904 City/State and Zip Code yordania-10@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos de los Santos 1 786 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed)					
	1634 Se 47th Street (Init il			
		Address			
	Cape Coral FL 33904				
		City/State and Zip Code			
	· •				
	É-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please co	all:			
Carlos de los Santos					
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee		Certified Copy	Certificate of Status &		
			ection		
		Division of Co	Division of Corporations		
P.O. Box 63 Tallahassee,			Fallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K STYLI	E NAILS LLC	
Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 09/17/2018	and assigned
lorida document number L18000220447		
his amendment is submitted to amend the following	2.	
a. If amending name, enter the new name of the l	limited liability company here:	
By Yordy Salon & Spa LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
THE PARTY OF THE BARNESS MOST 1912 IN 1911 1911 1911		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registe	ered office address on our records, <u>enter the nar</u>	ne of the new registere
gent and/or the new registered office address her	<u>·e</u> :	170
Name of New Registered Agent:		1
New Registered Office Address:	Enter Floridu street address	
	rnier r ioriau street address	co.
	, 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.

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

IGR =	Manager	
MBR =	Authorized	Member

<u>"itle</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			□Change
			🗆 🗆 🗀 Add
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Effective date, if other than the fan effective date is listed, the date management of the listed in this locument's effective date on the	olock does no	t meet the apj	olicable statut	ling or more than ory filing requir	(option: 90 days after fili ements, this da	ng.) Pursuant to 6	05.0207 sted as
record specifies a delayed effect d is filed.	ve date, but r	iot an effectiv	e time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day at	ter the
Dated		2021					
29)	_ 1	<u> </u>				
· / l							
	Signature of	a member or a	uthorized repre	sentative of a me	mber		

Filing Fee: \$25.00