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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIE (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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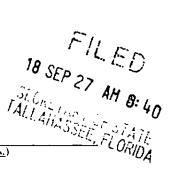
ŤO:	Registration Sec Division of Cor			
01 tes 11		L & SPA, LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JENNY THONG		
		.	Name of Person	
		T & M NAIL & SPA, LLC		
			Firm/Company	
		1300 34TH STREET N ST	TE C	
			Address	
		SAINT PETERSBURG FI	. 33713	
			City/State and Zip Code	
		THUY@TTRACPA.COM		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
JENN	Y THONG		727 504-0793	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$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)

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



T & M NAIL & SPA, 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 Com	pany were filed on 09/18/2	2018	and assigned
Florida document number L18000221527			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the ab	breviation "L,L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	Zip Code
New Project Association States and Association Project Association	-		Zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my at as provided for in Chap	duties, and I am fo oter 605, F.S. Or,	amiliar with and if this document is
$ar{u}$	Changing Registered Agent,	Signature of New Re	gistered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	TONY NGUYEN	2845 LITH AVE N ST PETERSBURG FL 33713	□ Add
			☐ Remove
			☐ Change
MBR	MICHAEL J NGUYEN	8150 61ST LN N PINELLAS PARK, FL 33781	Add
			Remove
			☐ Change
			Change
			Remove
			□ Remove
			Add
			Remove
			□ Change
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		Donn	The	1					
		/ 7	Signature of a p	finher or aut	horized represe	ntative of a memb	er.		

Page 3 of 3

Filing Fee: \$25.00