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COVER LETTER

TO: Registration So Division of Cor		•	
SUBJECT: V	anity Nails LLO Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Lissa	Pena	
		Name of Person	
		Firm/Company	
	1e492 Adriat	nic Way	
	Greenac	Address VES TL 33413 City/State and Zip Code	
	E-mail address: (t	City/State and Zip Code Cha amai. Col o be used for future annual report notifi	(V) V
For further information of	concerning this matter, please ca		
LISSA Name o	ev\Q of Person	at (50) 31752 Area Code Daytime	52 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)	
(A Florida Limited Liabi	ility Company)	
The Articles of Organization for this Limited Liability Company well Florida document number <u>L 18000 223670</u> .	re filed on 9/20/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Solau Nails ILC		·
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	6492 Adriati	
(Principal office address MUST BE A STREET ADDRESS)	Greenacres Fl	25413
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6492 Adriatic 1 Greenacres F	Nay L 33413
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter th	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		-0 111
	Enter Florida street address	. — <u> </u>
	. Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
 			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

•	cuaing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an ef lote:	ive date, if other than the date of filing: [cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	December 12 , 2018
	Signature of a member or authorized representative of a member
	s.g
	1,000

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Filing Fee: \$25.00