L18000264898

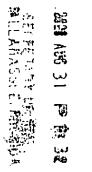
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration S Division of Co						
SUBJEC	NAILLYW	OOD AND SPA, LLC					
Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please re	turn all correspo	ondence concerning this matter	r to the following:				
		CHARLES TAI					
			Name of Person				
	NAILLYWOOD AND SPA, LLC						
Firm/Company							
	1036 S 6TH AVE						
			Address				
		WAUCHULA, FL 33873					
		ccssshd_07@yahoo.com	City/State and Zip Code				
		E-mail address: (to be used for future annual repo	rt notification)			
For furthe	er information c	oncerning this matter, please c	all:				
CHARLE	RLES TAI 571 409-3449						
Name of Person		Area Code D	aytime Telephone Number				
Enclosed	is a check for th	e following amount:					
≅ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAILLYWOOD AND SPA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/16/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L18000264898 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending 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>	Name	Address	Type of Action
MGR	CHARLES TAI	1036 S 6TH AVE	□Add
		WAUCHULA, FL 33873	□Remove
			■Change
AMBR	HELEN PHUNG	1036 S 6TH AVE	□Add
		WAUCHULA, FL 33873	□ Remove
	 		□Add
			□Remove
			□Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Typed or printed name of signee

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