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COVER LETTER

	stration Sec		4	•
SUBJECT:	FAMILY N	AILS AMOUR LLC		
		Name of Limit	ted Liability Company	
The enclosed a	Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return a	all correspon	ndence concerning this matter t	o the following:	
		THAO THI THU TRUONO	3	
			Name of Person	
		FAMILY NAILS AMOUR	MOUR LLC Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: AO THI THU TRUONG Name of Person MILY NAILS AMOUR LLC Firm/Company 3 NW 167TH STREET SUITE 103 Address AMI GARDENS, FLORIDA 33055 City/State and Zip Code OTRUONG0908@GMAIL.COM E-mail address: (to be used for future annual report notification) Ing this matter, please call: at (Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
			Firm/Company	
		3753 NW 167TH STREET	SUITE 103	
			Address	
		MIAMI GARDENS, FLOR	XIDA 33055	
		THAOTRUONG0908@GM	Name of Limited Liability Company It and fec(s) are submitted for filing. Cerning this matter to the following: THI THU TRUONG Name of Person Y NAILS AMOUR LLC Firm/Company W 167TH STREET SUITE 103 Address GARDENS, FLORIDA 33055 City/State and Zip Code RUONG0908@GMAIL.COM E-mail address: (to be used for future annual report notification) nis matter, please call: 1954 1954 1954 1954 1956-5646 1956-366-366 Area Code Daytime Telephone Number 19 amount: 10 Filing Fee & Scio.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certificate Of Status & Certified Copy	
		E-mail address: (to	o be used for future annual report notific	cation)
For further inf	formation co	oncerning this matter, please ca	di:	
THAO TRUC	ONG			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilic Florida document number L19000044765			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
(NOT APPLICABLE)			
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:	: 3753 NW 167TH STREET SUITE 103 三 6		
(Principal office address MUST BE A STREET AL	DDRESS) MIAMI GARDENS, FLORIDA 33055		
	SS -2 F		
Enter new mailing address, if applicable:	3753 NW 167TH STREET SUITE 103 S		
(Mailing address MAY BE A POST OFFICE BOX	MIAMI GARDENS, FLORIDA 33055 🚍		
registered agent and/or the new registered office a	registered office address on our records, enter the name of address here: NOT APPLICABLE)		
	(NOT ABBLICABLE)		
New Registered Office Address: (N	NOT APPLICABLE) Enter Florida street address		
	. Florida		

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.

If Changing Registered Agent, Signature of New Registered Agent

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
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			Change
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The 90th day after the record is filed.	(optional)	ursuant t	
Dated $\frac{7/29}{2}$. $\frac{20/9}{2}$:01 a.m. on	ı the e	arlier c
The sales			
Signature of a member or authorized representative of a member			_

Page 3 of 3

Filing Fee: \$25.00