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COVER LETTER

Div	ision of Corp	porations		
	NAIL DIOF	CLOUNGE AT RIVERVIEW	LLC	
SUBJECT		Name of Limit	ted I (ability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	i all correspo	ndence concerning this matter t	o the following:	
		SANG LE		
			Same of Person	
NAIL DIOR LOUNGE AT RIVERVIEW LLC Firm/Company 10920 AVANA WAY APT 108 Address TRINITY FL 34655 City/State and Zip Code DZEENA7@YAHOO.COM F-mail address (to be used for future annual report notification) For further information concerning this matter, please call: SANG LE Name of Person Name of Person Area Code Daytime Telephone Num Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certific Copy Certificate of Status Certified Copy Certific Certific Copy Certific Certific Copy Certificate of Certificate of Certific Ce				
			Firm/Company	rt notification) 96 aytime Telephone Number □ \$60.00 Filing Fee, Certificate of Status &
		10920 AVANA WAY API		
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		TRINITY FL 34655		
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				cation)
For further i	nformation c			
SANG LE			267 331-1196	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

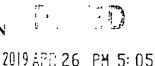
Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NAIL DIOR LOUNGE AT RIVERVIEW 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 Liabilit	ty Company were filed on 02/20/2019	and assigned
Florida document number 1.19000053819		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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 Florida		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "United Fability Company," the designation "FLC" or the abbreviation "LLC." ter new principal offices address, if applicable: **incipal office address MUST BE A STREET ADDRESS** ter new mailing address, if applicable: **adding address MAY BE A POST OFFICE BON** If amending the registered agent and/or registered office address on our records, enter the name of the new instered agent and/or the new registered office address here: **Name of New Registered Agent** New Registered Office Address: **Enter Florida street address** **Enter Florida street address		
The new name must be distinguishable and contain the words	Timited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
<u></u>		Florida
	City	Zîp 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

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>	<u>Name</u>	Address	Type of Action
MGR	NGUYEN, HONG YEN THI	305 TABB LN, YORKTOWN, VA 23693	
			□ Remove
			Change
			D Add
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m elfi <u>ote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ited .	4-73 9019
	Signature of a member or authorized representative of a member
	Sang P E Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00