## L19000097095

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Jame Changl

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
	ails & Beauty Lounge			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Erika Y. Conde			
	-	Name of Person		
	World of Nails & Beauty	Lounge		
		Firm/Company		
	1430 NW 73rd Ave			
	-	Address		
	Plantation, Fl 33313			20 July 15
	<del> </del>	City/State and Zip Code	· · ·	الله 13 ما 14 ما
	worldofnailsplantation@gn			 12:
Las forther information a	e-mail address: ( concerning this matter, please c	to be used for future annual report notific	ation)	1 
	oncerning this matter, prease c			r: Ur
Erika Y. Conde		305 7479146 at ()		0.7
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 enclose)	
Mailing Address Registration 9 Division of C	Section Corporations	Street Address: Registration Sect Division of Corpo	orations	
P.O. Box 632	27	The Centre of Ta	llahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World of Nails & Beauty Lounge, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.19000097095}{1.19000097095}$ .	any were filed on $\frac{04/18/201}{}$	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
World of Nails & Beauty Lounges, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<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 office address here:		, enter the name of the new registered
Name of New Registered Agent:		· ATTACE II
New Registered Office Address:		
	Enter Florida stree	a address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
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			☐ Change
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ffective date, if other than the date an effective date is listed, the date must be total. If the date inserted in this block focument's effective date on the Depart	does not meet the appli	icable statutory filing r	(optional) than 90 days after filing.) Prequirements, this date wi	arsuant to 605.020 If not be listed as
record specifies a delayed effective da l is tiled.	ite, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
10TH OF JUNE	2020			
<u></u>		Condu		

Typed or printed name of signee