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SECRETARY OF STATE
TALLAHASSEE, FL

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Hverd 5/28/19

COVER LETTER

	egistration Se division of Cor		·	
SUBJECT	PEHA LLC			
SUDJEC	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		HAI H. LE		
		INSTYLE NAILS	Name of Person	
		5900 102ND AVE	Firm/Company	
		PINELLAS PARK, FL 33	Address 782	
		HAITHUYTABU@GMAII		······································
For furthe	r information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	fication)
HAI H. L.	E		727 686-8745 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne 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:

TO:

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

PEHA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lit	Company as it now appears on our records mited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Com- Florida document number £19000105688	npany were filed on 04/17/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the apple intion and L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	HASSIA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SE SAID: 27
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I fur	ther agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PETER NGUYEN	4601 Bow L ST	■ Add
		New Pont Richey	□ Remove
		FL 34652	Change
			Add
			☐ Remove
			□ Change
			□ Remove
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			Remove
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Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L19000105688 FILED 8:00 AM April 17, 2019 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: PEHA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

33199 US 19 N PALM HARBOR, FL. 34684

The mailing address of the Limited Liability Company is:

5900 102ND AVE PINELLAS PARK, FL. 33782

Article III

Other provisions, if any:

HP LLC IS DBA INSTYLE NAILS

Please change name HP to PEHA LLC

Article IV

The name and Florida street address of the registered agent is:

INSTYLE NAILS 33199 US 19 N PALM HARBOR, FL. 34684

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: HAI LE

Date of this notice: 05-02-2019

Employer Identification Number:

83-4613929

Form: SS-4

Number of this notice: CP 575 G

PEHA LLC INSTYLE NAILS % HAI H LE SOLE MER 33199 US 19 N PALM HARBOR, FL 34684

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4613929. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PEHA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.