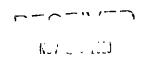
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#### **COVER LETTER**

	gistration Se ision of Cor		* *		
SHR IDOT:	ANGELŠ I	IEAVEN ON EARTH NAIL I	OUTIQUE LLC		
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		APRIL L MACYS			
			Name of Person	74:	
		ANGELS HEAVEN ON E	EARTH NAIL BOUTQUE LLC		
			Firm/Company	<del></del>	
		6681 WEST KINDLEWOOD LANE			
		Address			
		HOMOSASSA, FL 34446			
			City/State and Zip Code		
		angelsheavenonearth@gmail.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please co	all:		
Kenneth Par	rott		352 563-5600 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	ne following amount:			
<b>■ \$</b> 25. <b>0</b> 0 F	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 enclused)	
Mai	iling Address	κ.	Street Address:		

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

## **COVER LETTER**

ANGELS	HEAVEN ON EARTH NAIL I	BOUTIQUE LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	APRIL L MACYS		
Division of Corporations  ANGELS HEAVEN ON EARTH NAIL BOUTIQUE LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  APRIL L MACYS  Name of Person  ANGELS HEAVEN ON EARTH NAIL BOUTQUE LLC  Firm/Company  6681 WEST KINDLEWOOD LANE  Address  HOMOSASSA, FL 34446  City/State and Zip Code  angelsheavenomearth@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kenneth Parrott  Name of Person  Tinclosed is a check for the following amount:  \$\begin{array}{c} 352 363-5600  Area Code  Daytime Telephone Number  Street Address:  Certificate of Status  Certificate Copy (additional copy is enclusted)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
	ANGELS HEAVEN ON I	EARTH NAIL BOUTQUE LLC	
		Firm/Company	
	6681 WEST KINDLEWO	OOD LANE	2020
		Address	. 70
	HOMOSASSA, FL 34446	,	72
	angelsheavenonearth@gma	•	PH 12
	•		tification) 5
For further information of	concerning this matter, please c	all:	Ψ
Kenneth Parrott			
Name c	of Person	Area Code Dayti	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	<del>U</del>	Certified Copy	Certificate of Status &
			ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELS HEAVEN ON EARTH	•			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabilit	t now appears on our red y Company)	cords.)	_
The Articles of Organization for this Limited I		filed on 02-04-2020	aı	nd assigned
Florida document number L20000032141	<del>.</del>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability c	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Co.	nipany," the designation "	LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)	<del></del> -		
		<del></del>		
				2020 HOY
Enter new mailing address, if applicable:			·	
(Mailing address MAY BE A POST OFFICE BOX)				11. 24
			,	ন
B. If amending the registered agent and/or agent and/or the new registered office addro		ss on our recor <mark>ds, <u>en</u></mark>	ter the name of th	ne pgw registere
igen and with the wines while address				
Name of New Registered Agent:	CONSTANCE SUE I	BRAULT		
New Registered Office Address:	10376 S AMESBURY	Y PT		
		Enter Florida street ad	dress	
	HOMOSASSSA		, Florida <u>34446</u>	
		ity	Zw	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	SHAWN M TROY	6681 WEST KINDLEWOOD LANE	□Add
		HOMOSASSA, FL 34446	<b>≡</b> Remove
			□Change
MGR	APRIL L MACYS	6681 WEST KINDLEWOOD LANE	<b>\equiv A</b> dd
		HOMOSASSA, FL 34446	□Remove
			□Change
			F 2020340V
			Remove
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_		NOVEMBER 18, 2020		
lf an effe <u>Note:</u> l	'e date, if other than the date of filing: _ ctive date is listed, the date must be specific and car	(option)  mot be prior to date of filing or more than 90 days after filet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.6	
e record rd is file	•	effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after	the
Dated _	NOVEMBER 18	2020		

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

APRIL L MACYS