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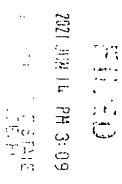
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ANG	AELS HEAVEN Name of Lim	ON EARTH NAIL ited Liability Company	BOUTIQUE LLC
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	APRIL M	1101110 011 010011	
	ANGELS HEA	VEN UN EARTH Firm/Company	NAIL BOUTIONS LLC AHB PH 3: PAIL COM 09 fication)
	5464 5 5	SUNCOAST BLY Address	A 3 3 3 3 3 3 3 3 3 3
	Homosas	SA FL 344	146 P
	ANGELSHEAVE, E-mail address: (Von EARTH C GN to be used for future annual report noti	paic Com , G
For further information	concerning this matter, please c	ail:	
KENNETH	PARROTT c of Person	at (<u>35.2)</u> <u>563</u> Area Code Daytim	プロス e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations & 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELS HEAVEN ON EARTH NAIL BOUTIQUE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

, 7 4 5 4 4		1 2 - 7 - 2	ク <mark>アラ</mark> and assigned
Florida document number <u>L Z O O O O</u>	>0 76 141		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compar	y here:	
ANGELS HEAVEN ON EX	ARTH BEAUTY	BOUTIQUE	LL CE
The new name must be distinguishable and contain the word	ds "Limited Liability Company,"	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		F
			7 7
			(γ. c.)
Enter new mailing address, if applicable:			00
(Mailing address MAY BE A POST OFFICE BO	2V)	· · · · · · · · · · · · · · · · · · ·	
inaming duaress in the PLATOST OF THE DE			
B. If amending the registered agent and/or reg	istered office address on o	ur records, enter the	name of the new registere
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ur records, enter the	name of the new registere
	•	ur records, <u>enter the</u>	name of the new registere
	•	ur records, <u>enter the</u>	name of the new registere
agent and/or the new registered office address in Mame of New Registered Agent:	•	ur records, enter the	name of the new registere
agent and/or the new registered office address i	<u>here</u> :	ur records, enter the	name of the new registere
agent and/or the new registered office address in Mame of New Registered Agent:	<u>here</u> :	r Florida street address	
agent and/or the new registered office address in Mame of New Registered Agent:	<u>here</u> :	r Florida street address	name of the new registere
agent and/or the new registered office address in Mame of New Registered Agent:	here: Enter City	r Florida street address	
name of New Registered Agent: New Registered Office Address:	here: City vistered Avent: agent and agree to act in the and complete performance	Florida street address Florid his capacity. I furthe e of my duties, and I	a Zip Code r agree to comply with the am familiar with and

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
			□Add
			□Remove
			□Rēmove
			□Change
			☐ Remove ☐ Change ☐ Add
			□Remove
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fective date, if other an effective date is listed, to ote: If the date inserted	d in this block does	not meet the app	olicable statutory	or more than 90 d filing requireme	ays after fi nts, this c	ling.) Pur late will	suant to 605.0 not be listed
ocument's effective dat	e on the Departmen	t of State's reco	rds.				
record specifies a delay is filed.	ed effective date, bu	n not an effectiv	e time, at 12:01 a	i.m. on the earlie	er of: (b)	The 900	th day after t
ated JUNE	8	20	vi .				
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Filing Fee: \$25.00

Typed or printed name of signee