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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations		
	SH STUDIO LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TATMANIA ADIC		
	TATYANA ARIS		
		Name of Person	
	PINK PLUSH NAIL STU	DIO LLC	
		Firm/Company	
	401 LANTANA RD STE	8	
		Address	· · · · · · · · · · · · · · · · · · ·
	LANTANA, FL 33462		
		City/State and Zip Code	
	PINKPLUSHNAILS@GM		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
TATYANA ARIS		561 542-0573	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 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 Addre Registration	Section	Street Address: Registration Sec Division of Cor	
Division of C	гогрогацона	DIVISION OF COL	poracions

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000032882</u> .	oany were filed on 02/04/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PINK PLUSH NAIL STUDIO LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLG	C" 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)		2020 FEB 17
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	'ss
	ا ۳ ټ	louido
	City .	lorida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DIMP DELICH CTUDIO LLC

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 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
			□Change
			□Add
			□Remove
			☐ Change
			□Add
		 	□Remove
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ective date, if other than the one offective date is listed, the date must	late of filing: be specific and cannot be p	rior to date of filing o	more than 90 days after fi	at) ling.) Pursuant to 605.0201
te: If the date inserted in this blo-	ck does not meet the app	plicable statutory fi	ling requirements, this d	ate will not be listed as
cument's effective date on the De	nariment of State's recor	ids.		
ecord specifies a delayed effective	date but not an offertis	se time at 12:01 au	n on the earlier of: th	The 90th day after the
s filed.	date, out not an effective	e ume, ac 15,01 d.t	in on the camer on (b)	e zous day arter the
ted FEBRUARY 13				
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	/ /			

Typed or printed name of signec