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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
	NAILS SALON, LLC		e.
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing	
		<u>-</u>	
riease return an corres	pondence concerning this matter	to the following:	
	ANAY DE QUESADA SI	LVA	
		Name of Person	
	ROYAL NAILS SALON.	LLC	
		Firm/Company	
	11933 SW 37 TER		
	<del></del>	Address	
	MIAMI, FL 33175		
	·	City/State and Zip Code	· · · · · · ·
	OMARGARCIA76@GMA		
For further information	n-mail address: ( n concerning this matter, please e	to be used for future annual report no all:	tineation)
OMAR GARCIA	-	786 277-2957	
	e of Person	at ()	n Talanhan Nambar
Mann	e of reason	Area Code Daytii	ne retepaone sumoer
Enclosed is a check for	r the 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 Add Registration	= 5'	<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 6		The Centre of	
rananassec	e, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL NAILS SALON, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number 1.20000088434	Company were filed on MARCH 24, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nuted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	<del>5</del>
		0
		70
Enter new mailing address, if applicable:		ÇÜ 🔭
(Mailing address MAY BE A POST OFFICE BOX)		0_
-		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip 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 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>	Name	Address	Type of Action
AMBR	ANAY DE QUESADA SILVA	<del></del>	🗀 Add
			□Remove
		11933 SW 37 TER MIAMI FI. 33175	
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  (optional)  (if an effective date is listed, the date must be specific and cannot be prior to dose of filing or more than 90 days after filing. Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  APRIL 07  2020  Signature-ord member or authorized representative of a member  ANAY DE QUESADA SILVA	_	
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Signature of a member or authorized representative of a member		APRIL 07 2020
i de la companya de	Dated	
ANAY DE QUESADA SILVA		Signature of a member or authorized representative of a member
		ANAY DE OUESADA SILVA

Filing Fee: \$25.00