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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Ail BASE MI	A LIC .	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
dence concerning this matter	to the following:	
Kimbe	PARKER Name of Person	
Astro	Nail Base LLC Firm/Company	
1864	O NW 2NO AVE	1 + 53H B
MiAn	Li FL 33169 City/State and Zip Code	#5311 PH 3: 05 MAIL-COMM 3: 05
E-mail address: (NAILBASE @ G	MAIL-COM 49.
ncerning this matter, please ca Person	at (736) _ 738	b - 1912 e Telephone Number
e following amount:		
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orporations '	Division of Cor The Centre of T	
	Astronoming this matter Astro E-mail address: (Incerning this matter, please of the content	ASTRO NAIL BASE LLC Firm/Company 18640 NW 2NO AVE Address MIAMI FL 33169 City/State and Zip Code ASTRO NAIL BASE Q G E-mail address: (to be used for future annual report notincerning this matter, please call: Area Code Daytim e following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section or porations Street Address: Registration Section or Division of Core

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida L	Limited Liability	Company)	ar records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000 26 339</u>	ompany were f	iled on 5 _	11/2020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability co	mpany here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Com	pany," the designa	ition "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				28
(Principal office address MUST BE A STREET ADDRE	<u> </u>		t-1	20 A
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
				0
Enter new mailing address, if applicable:			<u> </u>	PH
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	. မှ
			<u> </u>	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address	s on our record	is, <u>enter the nam</u>	e of the new registered
New Registered Office Address:				
		Enter Florida str	eet address	
		_ .	, Florida	
	Cit	יי		Zip Code
New Registered Agent's Signature, if changing Registered A				
I hereby accept the appointment as registered agent an orovisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete perfor ent as provide	mance of my a ed for in Chapi	luties, and I am f er 605, F.S. Or,	amiliar with and if this document is

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
			□Remove
			□Change
			□Add
			□Remove
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i effec <u>te:</u> l	e date, if other the date is listed, the the date inserted it's effective date of	date must be spe n this block do	ecific and c	annot be p	prior to da plicable :	2026 e of filing statutory	or more tha	n 90 days a	ptional) ifter filing. this date) Pursua will no	ant to 605,0
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		Signat	ure of a mo	ember or a	uthorized	representa	tive of a m	ember			

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