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COVER LETTER

то:	Registration Sec Division of Corp		• •	
SUBJE	~ Ст∙	PARAMOU	NT NAILS LIC	
		Name of Lim	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
			ANH DOAN	·
			PARAMOUNT NAILS LIC Name of Limited Liability Company at and fee(s) are submitted for filing. cerning this matter to the following: ANH DOAN Name of Person PARAMOUNT NAILS LLC Firm/Company 73.72 Stella Ln Address Lake Work FL 33463 City/State and Zip Code SARATRAN2610 @ GMAIL COM E-mail address: (to be used for future annual report natification) his matter, please call: 1 at (561) 969 8550 Daytime Telephone Number 2 amount: 2 amount: 3 Street Address: Registration Section Division of Corporations	
		PA		Luc
			Firm/Company	
		7372 5	stella Ln	
			Address	
		Lake	wasth FL 3346	NAILS LIC iability Company d for filing. e following: NAME DOAN Name of Person MOUNT NAILS LLC Firm/Company la Ln Address 94th FL 33463 y/State and Zip Code 12610 @ GHAIL.Com used for future annual report notification) at (561) _ 469 8550 Daytime Telephone Number 1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		SARATI	RANZGIO @ GMAi	
			-	notification)
For furtl	her information co	ncerning this matter, please c	all:	
	ANH	00AN	at (561) 96	9 8550
	Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a check for the	e following amount:		
\$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addracs		Straat Addrage	
	Tallahassee, F	L 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAM		NAILS		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it no mited Liability Co	w appears mpany)	on our records.)	
The Articles of Organization for this Limited Liability Com	npany were file	d on	6/23/2020	and assigned
Florida document number <u>L 2000017415</u>	4			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability com	pany her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Compar	ny." the des	ignation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable:			= 44.4.4.)Z3 .
(Principal office address MUST BE A STREET ADDRES	SS)			
				ž.
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address o	n our rec	cords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:				
New Registered Office Address:				
	I	Inter Floria	la 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>	<u>Name</u>	Address	Type of Action
AMBR	First name Vi Kim Thi	272 Adelaide St	
	Lastname: Tran	Debary FL 32713	□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			
			□ Remove
			□Change

	Vi Kim Thi	Tran	, authorized	Hem ber	owns	50%	of the	company
	Tien Tran	,	, authorized authorized	Member,	Sirus	50%	of the	whepa
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an effect <u>ote:</u> If		must be specifi is block does r	c and cannot be prior to date not meet the applicable s		m 90 days afte			
record s is filed	-	ctive date, but	t not an effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day afte	er the
ated	July 3 21	023	·					
		67	Ties Tras					
		Signature	or a member or authorized	representative of a n	icmoer			
			EN TRAN Typed or printed nam					

Filing Fee: \$25.00