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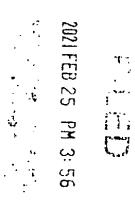
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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Registration	Section
Division of C	Corporations

CT: PRETTY'S TAY WE UC	
Name of Limited Liability Company	
:losed Articles of Amendment and fee(s) are submitted for filing.	
teturn all correspondence concerning this matter to the following:	
KRYSTAL MENA	
Name of Person	<u>.</u>
Firm/Company	_
3701 ARAVA DRIVE	_
GREEN COVE SPRINGS FL 320 City/State and Zip Code Natled by Mena Damal. Com E-mail address: to be used for future annual report notification)	243 M
E-mail address: to be used for future annual report notification)	
arther information concerning this matter, please call:	
KRYSTAL MENA at (305), 479-1663 Name of Person Area Code Daytime Telephone Number	r
osed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

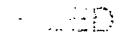
(Name of the Limited Liability Company (A Florida Limited Lia	TAYLOR Lay as it now appears on our records.) jability Company)
icles of Organization for this Limited Liability Company we document number <u>L2000035448</u>	were filed on 8 18 2020 nd assigned
nendment is submitted to amend the following:	
mending name, enter the new name of the limited liability and contain the words "Limited Liability".	16 Pretty Nails by Mena 110
new principal offices address, if applicable:	
pal office address MUST BE A STREET ADDRESS)	
new mailing address, if applicable: 1g. address MAY BE A POST OFFICE BON) mending the registered agent and/or registered office ad 1nd/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zıp Code
egistered Agent's Signature, if changing Registered Agent:	
by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p the obligations of my position as registered agent as pr filed to merely reflect a change in the registered office a my has been notified in writing of this change.	rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

RECEIVED FEB 2 5 2021

	£		
vea	irom	our	records

Manager = Authorized Member



Name	<u>Address</u> 2021 FEB 25 PM 3: 56	Type of Action
		□Add
	<u>.</u>	□Remove
		□Change
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	1021125
	
	date of filing or more than 90 days after filing.) Pursuant to 605.0207 le statutory filing requirements, this date will not be listed as
specifies a delayed effective date, but not an effective time I.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pecember 29 2020	. •
HOLLOWA	
Signature of a member or authorize	zed representative of a member