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2022 APR -4 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. BUTLER
APR 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN NAILS BY JA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAN LE

Name of Person

OCEAN NAILS BY JA LLC

Firm/Company

12854 W HILLSBOROUGH

Address

TAMPA, FL 33635

City/State and Zip Code

lanle71282@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAN LE

Name of Person

at (813)

Area Code

8420611

Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 APR -4 PM 1:45

OCEAN NAILS BY JA LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/15/2020 and assigned
Florida document number L20000283694

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OCEAN NAILS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12854 W HILLSBOROUGH

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33635

Enter new mailing address, if applicable:

12854 W HILLSBOROUGH

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33635

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JUBEI KNIGHT	12854 W HILLSBOROUGH	<input type="checkbox"/> Add
		TAMPA, FL 33635	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAN LE	12854 W HILLSBOROUGH	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33635	<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3-21-2022.

Signature of a member or authorized representative of a member

Typed or printed name of signee