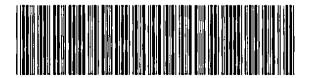
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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pecial Instructions to Filing Officer:
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2020 NOV -9 AH 9: 23

SECRETARY OF STATE

Y SULKER NOV 1 3 2020

COVER LETTER

O: Registration Sect Division of Corpo		,	
UBJECT:	Rendy N	ails. LLC	<u> </u>
	Fame of Lin	nited Liability Company	
he enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
	lence concerning this matter	- -	
	Dence 1208 (Name Derson Cir Partal Cir Firm/Company	le SEAC
	Tallaha In Prenee Dh	Address SSee FC 32 City/State and Zip Code Long (a) Vaho (to be used or future annual report notif	
or further information con	cerning this matter, please c	all:	
Name of P	Variable Property Control of the Con	at (850) 264 Area Code Daytime	2526 e Telephone Number
nclosed is a check for 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 Address:		Street Address:	

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

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**

TRendy Nails LLC

(Name of the Limited/Hiability Company as it now appears on our records.) (All lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 10/26/20 and assigned	
lorida document number <u>L 200003384</u> .76	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."	
inter new principal offices address, if applicable: [208 Cap; fal cucle. S	E
Principal office address MUST BE A STREET ADDRESS)	
Tallahasite te sessor	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:	<u>d</u>
Name of New Registered Agent: Pale Vayupen	^
New Registered Office Address: 1208 Capital circle SE # ()
Tallahassee Florida FL 3 230)
ew 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, Agnature of Ney

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 = At	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Renec Ngruje	en 1208 capital circle SE & C Tallahasse	iXAdd
AME	5K	SE & C Tillahasse	L _□Remove
		FL 32301	
MBL	Bich Ngoc Do	ang 1208 capital Tallahame FC 32301	circle V
	V	Tallahane FC 32301	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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			🗀 Add
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			□ Channa

n effecti <u>ete:</u> If t	date, if other than the date of filing:	0205 d as
cord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
	11/9/20	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00