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SECRETARY DE STATE

Y. SCOTT AUG 1 9 2023

COVER LETTER

TO: Registration S Division of Co			
	Y NAIL SPA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HAU LE		
		Name of Person	
	DYNASTY NAIL SPA, L	LC	
		Firm/Company	·····
	1722 FLOURISH AVE		3 2 2
		Address	7.5.CP
	KISSIMMEE, FLORIDA	34744	ETA:
	HOWIELE1985@YAHOO	City/State and Zip Code	2023 JUL 27 PH 3: 07 SECRETARY OF STATE TALL ARIASSEE, FL
	-	(to be used for future annual report notific	cation) To w
For further information	concerning this matter, please o	call:	FATE OT
ANH VU		407 2215680 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	C) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
Division of (Corporations	Division of Corp	
P.O. Box 63: Tallahassee,		The Centre of Ta	allahassec Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNASTY NAIL SPA, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000350820	were filed on 11/05/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LEE NAIL & DAYS SPA BY HT, LLC.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."
Inter new principal offices address, if applicable:	2195 NOLTE ROAD	
Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL 34772	28
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1722 FLOURISH AVE KISSIMMEE KISSIMMEE	3 JUL 27 PR
	FL 34744	D 3:07
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter the name ol</u>	the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Remove
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fective date, if other n effective date is listed, tage: If the date inserted cument's effective date	he date must be speci I in this block does	filing:	r to date of filing or me	(opti ore than 90 days after 3 requirements, thi	r filing.) Pursuant to	605.0207 listed as
ecord specifies a delayors is filed.	ed effective date, be	ut not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b) The 90th day	after the
JULY 18		2023			> _	
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Filing Fee: \$25.00