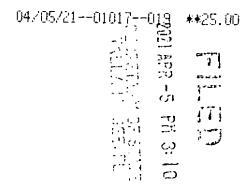
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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
01/P 10/07	MIKE NAIL	S AND DAY SPA LLC	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
		MY, HOANG T	
		Name of Person	7021
		Firm/Company	
		10408 Scarlet Chase Dr.	
		Address	33 0
		Riverview, FL. 33569	Fig. 6
		City/State and Zip Code	
	E mail address	jeaniehoang@gmail.com (to be used for future annual report no	stification)
For further informatic	on concerning this matter, please		in Carony
	anie Hoang	813 613-5128	
	ne of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	ection
	on Section of Corporations	Registration S Division of Co	
P.O. Box	•	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

MIKE NAILS AND DAY SPA LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	12/14/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
MIKE NAILS AND DAY SPA LLC.			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16645 FISH HA	WK BOULEVARI) - 1 : E
(Principal office address MUST BE A STREET ADDRESS)	LITHIA, FL. 33	547	(1)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 910
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our re	ecords, <u>enter the</u>	name of the new registe
The state of the s			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	a
	City:	, , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agr	ee to act in this	capacity. I further	r agree to comply with

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>	Address	Type of Action
MGR	MY, HOANG T.	10408 Scarlet Chase DR	■Add
		Riverview< FL. 33569	□Remove
			□Change
AMBR	JEANIE , HOANG T.	10408 Scarlet Chase Dr	≘ Add
		Riverview, FL. 33569	□Remove
			Change
			□Add 1 1
			☐Change
			□Remove
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n effective i te: If the	date, if other than the date of filing: date is listed, the date must be specific and cannot date inserted in this block does not meet the effective date on the Department of State's r	be prior to date applicable st	of filing or more that atutory filing requ	(option 90 days after irements, this	filing.) Pursu	ant to 605.02 ot be listed
ecord specis filed.	cifies a delayed effective date, but not an effe	ective time, at	12:01 a.m. on the	earlier of: (b) The 90th	day after th
ted	1st of April 21	<u> </u>				
	Signature of a number	or authorized r	epresentative of a m	ember		

Filing Fee: \$25.00