## L210000 18186

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SECRETARY OF STATE
TALLAHASSEE, FL

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MAR 1 6 2021

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	Ngan Bea	autification LU	- C		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
	Wellingt Nganle	Name of Person  A Firm Company  FL-7  Address  ON Florida 334  City state and Zip Code  20905 @amall.Co	14 óm	2021 MAR 15 AM II: 33 SECRETARY OF STATE TALLAHASSES FL	
For further information con	neerning this matter, please or	to be used for future annual report notifiell:	neation)		O
Name of I	Person	at (561) 969 Area Code Daytime	8492 e Telephone Number	୍ର ନାଧିକ 	
Enclosed is a check for the	following amount:				
<b>2</b> 825.00 Filing Fee	☐ \$30.00 Filing Lee & Certificate of Status	☐ \$35.00 Filing free & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
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

	OF			門第	CHARLES.
(Name of the Limited L	Beautife ability Company as orda Limited Liabili	ation U( H now appears on our re ty Company)	ecords.)	THAT STEE STANDARS SIGN	
The Articles of Organization for this Limited Liabili Florida document number <u>L2\00018186</u>	ty Company were	filed on Ollo	5/2021	Tindrassigni	ld
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the $\mathcal{N} / \mathcal{A}$	limited liability o	gempany here:			
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A)	: <u>N</u>	mpany," the designation	"LLC" or the al	obreviation "L.I.,C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>h</u>	la			<del></del>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ess on our records, <u>e</u>	nter the nam	ie of the new re	gistered
Name of New Registered Agent:	n/a				
New Registered Office Address:	MA	Enter Florida street a		···	
_	Ma		<sub>.</sub> , Florida	Vi A	
		10		7.97 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

## 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>	Address	Type of Action
MGR	Ngan Le	540 Christing drive apt	<u> 106</u> □∧dd
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Note: 1	I the date inserte-	d in this block does	filing:	ible statutory filing req	(optional 90 days after purements, this	onal) filing ) Pursuant to 605,0207 (3) date will not be listed as the
he record ord is file		ed effective date, b	ut not an effective th	me, at 12:01 a.m. on th	e earlier of: (b)	). The 90th day after the
Dated _	Feb	3rd	. 2021			
			740			
		Signatur	e full member or autho	orized representative of a	member	

Filing Fee: \$25.00