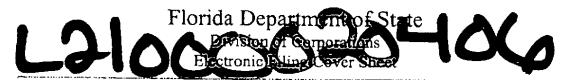
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LATIN NAILS INTERNATIONAL LLC Certificate of Status Ccrtified Copy 0

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATIN	NAILS INTERNATIONAL, I	TC	<u>, , , , , , , , , , , , , , , , , , , </u>	20
(Name of the Limited )	Jability Company as It now anno locals Limited Liability Company	nrs on our records.)	E SA	72 JAN
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on _	01/07/2021	and assign	
This amendment is submitted to amend the following	ng:	•	<b>デーシウ</b>	ž N
A. If amending name, enter the new name of the	हिंस ई			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	bbreviation "L.L.C	<del>,</del>
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)			<u> </u>
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		···	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, <u>enter the nan</u>	ne of the new re	gistered
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	Enter Flo	rida street address	·	
_	- Ch.	, 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

Title	Name	Address	Type of Action
MGR	CLAUDIA L. GONZALEZ G.	304 INDIAN TRACE UNIT 506	□ Add
		WESTON FL 33326	<b>≣</b> Remove
			Change
			☐ Add
			Remove
			□ Clunge
			□Add
			□Remove
			OChroge
			□Add
			Петюче
			☐ Change
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Mote: m n	late, if other than the di- date is listed, the date must be e date inserted in this block effective date on the Depr	r ands not midel t	ше арриса <b>ою s</b>	of filing or more th latutory filing req	(aptions on 90 days after filit virements, this da	l) g.) Pursuant to 605.02 to will not be listed
e record spord is filed.	cifies a delayed effective d	ate, but not an ef	Tective time, as	12:01 a.m. on the	earlier of: (b)	The 90th day after th

Typed or printed name of signee