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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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	B & B Nail	Lounge LLC			
SUBJ	ECT:	Name of Lin	nited Liability Company		
The er	nclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Thomas V Tran			
			Name of Person		
		B & B Nail Lounge LLC			
			Firm/Company		
		8702 Beulah Rd			
			Address		
		Pensacola, FL 32526			
		Benbrandon999@gmail.com	City/State and Zip Code		
		**	to be used for future annual report r	otification)	
For fu	rther information ec	oncerning this matter, please c	all:		
Thoma	as V Tran		218 760-6037		
	Name of	Person		time Teleph	one Number
Enclos	sed is a check for th	e following amount:			
≡ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	<u>s:</u>	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

B & B Nail Lounge LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 21, 2021 _____ and assigned Florida document number L21000041707 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	<u>Address</u>	Type of Action
MGR	Thomas V Tran	8794 Blake Evan Cir	≣ Add
		Pensacola, FL 32526	_
			□Change
MGR Thomas T Tran	Thomas T Tran	8794 Blake Evan Cir	□Add
		Pensacola, FL 32526	■Remove
			□Change
			□Remove
			□ Change
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ecord	specifies a dela	yed effective	date, but	not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b) The	e 90th day after the
is file	ed.							o min day after the
		20						
ited $\frac{I}{I}$	April 28 ——————		/	2021				
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			A COMMENT					

Typed or printed name of signee