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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Secti Division of Corpo	rations		
SUBJECT:	Top nails Name of Limit	Miumi LLC led Liability Company	:
	nendment and fee(s) are subn		
	Lig	T Pham Name of Person	
		nails Miami	
	13121	SW 44 Th ST Address	
	Minamus	City/State and Zip Code	7
For further information cor	E-mail address: (t	o be used for future annual report notificall:	cation)
Ly TP Name of F	Lom	at () 954 - Area Code Daytime	338-8009 Telephone Number
Enclosed is a check for the \$\frac{17}{2}\$	following amount: S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sc		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

. . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vop Mails Miam Name of the Limited Liability Compa	i LL (. .		
Name of the Limited Liability Compa (A Florida Limited l	any as it now appears on (Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>たとものののなみりテタ</u>	were filed on <u>01</u>	125/2021	and assigr	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design:	ation "LLC" or the a	bbreviation "L.L.C	1 11
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		022 AUG SECRET	
			AA -	
Enter new mailing address, if applicable:			15 PA ARY O AHASSE	(1)
			E S	U
(Mailing address MAY BE A POST OFFICE BOX)			FL G9	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recore	ds, <u>enter the nan</u>	ne of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>			

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 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	An V. Pham		🗆 Add
		2744 SW 120th Fen	X Remove
		2744 SW 120th Fen Minamar, FL 33025	□Change
			🗆 Add
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			□Change
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fective date, if o	her than the date of	filing:		(option	al)
m effective date is his ote: If the date ins	ted, the date must be specificated in this block does date on the Department	not meet the appli	cable statutory filing	requirements, this d	ate will not be listed a
ecord specifies a d is filed.	clayed effective date, bu	ut not an effective t	ime, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
ned <u>08/0</u>	8 / Z <i>O Z</i> Z	 ·_	<u> </u>		
		1 1			
		nw			
	Signature	e of a member of auti	iorized representative of	of a member	