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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: <u>SUNL</u>	EE NAIL 4 S	SPA L. L. C. ited Liability Company		
	Amendment and fee(s) are sub			
	TUAN	NGUYEN Name of Person		
	SUNLEE	NAIL 4 SPA 1	. L. C.	2023 HAY
	6531 N	ANDREWS AS	IE	HAY -9
	FORT LAUDE	RDAILE FL 3 City/State and Zip/Code	3309_	PH 12: 40
	Synleen(1) E-mail address: (	to be used for future annual report noti	CON fication)	0 :
For further information c	oncerning this matter, please c	all:		
TVAN Name o	GUBN f Person	at ( <u>561)</u> <u>888 –</u> Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo	
Mailing Addres Registration ! Division of C	Section	Street Address: Registration Se Division of Co		
P.O. Box 632	27	The Centre of T	Γallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nG2

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our re liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2100054051</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		2023
Enter new mailing address, if applicable:		HAY - 9
(Mailing address MAY BE A POST OFFICE BOX)		P 75 6 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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	<u>Name</u>	Address	Type of Action
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e record specifies a de rd is filed.	elayed effective date, bu	it not an effective t	ime, at 12:01 a.m.	on the earlier of	: (b) The 90th o	iay after	the
	- 23		<u>)</u> .				
Dated <u>Q &amp;</u>							
Dated <u>Q &amp;</u>	Tuan Managara	Marmember or auth	orized representativ	e of a member			