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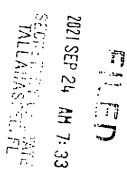
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COVER LETTER

Registration Section

TO:

Division of Co	rporations			
	AIL LOUNGE & SPA, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	CAmendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	VERONICA PULIDO			
		Name of Person		
	ND BOOKKEEPING & T	'AX SERVICES, LLC		
		Firm/Company		
	4035 E BELKNAP ST ST	TE 200		
		Address	·	
	HALTOM CITY, TX-761	11		202 520 T/
	VERONICA@ANDYDOC			2021 SEP 24 SECKLISK TALLASKA
	E-mail address: (to be used for future annual report not	fication)	11
For further information	concerning this matter, please c	all:		
YEN T. TRUONG		956 400-6901		AH 7: 33
Name o	of Person	at ()	e Telephone Number	<u> </u>
linclosed is a check for t	he following amount:			
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENUS NAIL LOUNGE & SPA, 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 02/03/2021 _____ and assigned Florida document number L21000059530 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 "LLC." 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 ___, Florida ___

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>	Name	Address	Type of Action
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		SANFORD, FL 32771	770
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te: If the date inserted in this block does not mee	et the applicabl	e statutory filing	g requirements, 1	this date will not	be listed as
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ecord specifies a delayed effective date, but not an is filed.	effective time	, at 12:01 a.m. c	on the earlier of:	(b) The 90th d	lay after the
SEPTEMBER 21ST /	2021				
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Filing Fee: \$25.00