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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A Flegance Nails, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lotetia Sawyers Name of Person	
La Elegance Nails, U.C.	
10107 Cortez Rd. W.	
Bradenton FL 34210 City/State and Zip Code	
E-mail address: (to be used for future annual eport notification)	
For further information concerning this matter, please call:	
Lateta Sawyers at (94) 914-4106  Name of Person Jarea Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 · Tallahassee, FL 32314

Street Address: 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

La Elegance Noils, L. Dame of the Limited Limi	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 12100130(8).	0 0 0 0 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	1007 Cortez Pd. W. Eradenton, FL 34210
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10107 Cortez Rd. W. Bradenton, FL 34210
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	7021 SE FALL AT
New Registered Office Address.	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zipre cide
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Remove
			□ Add
		<del> </del>	□Remove
			Change
			□Remove
			□Change
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			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effec i <b>te:</b> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
ted _	August 27 2021
	Signature of a member or authorized representative of a member
	Latetia Sawyers Typed or printed name of signee
	Typed or printed name of signee