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COVER LETTER

Luxy & Be ♣	_		•	
Ј ВЈЕСТ :	Name of Lin	nited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Lina A Montenegro Perez.			
		Name of Person		
		Firm/Company	· · · · · · ·	
	515 Park Ave, Suite 216			
	Winter Park, FL 32792	Address		100 K 20 F
	naileditsalonbiz@gmail.com	City/State and Zip Code	<u></u>	1
	E-mail address: (to be used for future annual report notific	cation)	
or further information o	oncerning this matter, please c	all:		113
ina A Montenegro Pere	<i>.</i> .	407 988-8889 at ()	-	
Nune o	f Person	Area Code Daytime	Telephone Number	~ _
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing F Certificate of S Certified Copy (additional copy is	Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxy & Beauty LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.21(00)152268 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NAILED IT SALON LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 515 Park Ave, Suite 216, Winter Park, FL 32792 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 515 Park Ave, Suite 216, Winter Park, FL 32792 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: N/A Name of New Registered Agent: 515 N Park Ave, Suite 216 New Registered Office Address: Enter Florida street address Winter Park

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
			□Add
			□Remove
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Signature of a member or authorized representative of a member	- Hen Konelee	
	Signature of a member or authoriz	red representative of a member