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Amend

SEP 1.5 2021 ! ALBRITTON RECEIVED

7021 SEP 15 PH 12:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HP Nails Supply 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:
Huy Dham Name of Person
- HP Nails Supply LLC
2526 Manussas VAY
Tallahassee FL 32312 City/State and Zip Code
Huysham 676 Ca Lahoo. Cow J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Huy Phan at (67R) 650 4490 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 A	3. //
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AR HELES OF OF	
Or	". P/1/2
(Name of the Limited Liability Compan (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	rere filed on and assigned
Florida document number 1_2/0003553 [§	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Linuted Liabili	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	Enter Florida street address
	F1
	, 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 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
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		32312	□Change
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