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(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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TO:

TO: Registration Se Division of Cor				
	EAUTY SALON LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	WILFREDO ORTIZ			
		Name of Person		
	<u></u>	Firm/Company		
	13966 SW 276TH WAY			
		Address		
	HOMESTEAD FL 33032			
	NANASBEAUTYSALONI	City/State and Zip Code		
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
WILFREDO ORTIZ		786 512-0027		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee oc Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 SEP 29 AM 1: 01

NANA'S BEAUTY SALON LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L21000409672 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 "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 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

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	<u>Type of Action</u>
MGR	WILFREDO ORTIZ	13966 SW 276TH WAY	■Add
		HOMESTEAD FL 33032	□Remove
			□Change
AMBR	NORMA BATISTA RODRIGUEZ	13966 SW 276TH WAY	■Add
		HOMESTEAD FL 33032	□Remove
			Change
P	WILFREDO ORTIZ	13966 SW 276TH WAY	□Add
		HOMESTEAD FL 33032	■Remove
			Change
VP	NORMA BATISTA RODRIGUEZ	13966 SW 276TH WAY	
		HOMESTEAD FL 33032	■Remove
			Change
			□Add
			□Remove
			□Change
		<u></u>	
			□Remove
			□Change

ective date, if other than the date of filing:	CHANGING AGENTS FROM	P AND VP TO MGR AND	AMBR, ALSO NORMA	WAS MIS-SPELLED	
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Filing Fee: \$25.00