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TO:

	Registration Se Division of Cor			
SUBJEC	NOIRE NA	AILS & SPA AT SOUTH TAM	MPA L.L.C.	
SUBJEC	·:	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		CINDY T NGUYEN		
		-	Name of Person	
		NOIRE NAILS & SPA A	T SOUTH TAMPA L.L.C.	
			Firm/Company	
		4033 S Dale Mabry Hwy		
			Address	
		Tampa, FL 33604		
			City/State and Zip Code	1
		noirenailsspa@gmail.com		. इस्
		E-mail address: (to be used for future annual report notification)	- , == == == == == == == == == == == == =
For furthe	r information c	oncerning this matter, please c	all:	- 507E
	Cindy T	. Nguyen	813 533-6517	ं सि 🗲
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
_	Mailing Addres	_	Street Address: Registration Section	
	Registration S Division of C		Registration Section Division of Corporations	
	2.O. Box 632		The Centre of Tallahassee	
1	l'allahassee, I	FL 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOIRE NAILS & SPA A	ber L21000484191 pmitted to amend the following: c. enter the new name of the limited liability company here: inguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: 288 MUST BE A STREET ADDRESS) iddress, if applicable: 28 MUST BE A POST OFFICE BOX) cgistered agent and/or registered office address on our records, enter the name of the new registered	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000484191</u> .	were filed on 11/09/2021	and assigned
This amendment is submitted to amend the following:		
e Articles of Organization for this Limited Liability Company were filed on 11/09/2021 and assigned rida document number 121000484191 as amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: alling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(2)
(Principal office address MUST BE A STREET ADDRESS)		33 THE STATE OF TH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-a1 ··
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I I am familiar with and .S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	BRYAN KIEN NAM TRUONG	304 E. Bougainvillea Ave Tampa, FL 33612	■Add
			□Remove
			□Change
			□ Change □ Add □ Remove □ Change □ Change □ Change □ Change □ Add □ Remove □ Change
		;; 	□Remove
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