h21000516340

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A. BUTLER SEP 1 6 2022

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		N NAILS & SPA LLC	•	
30000	~!·	Name of Lim	nted Liability Company	
		Amendment and fee(s) are sub	-	
riease re	durn an correspo	ndence concerning this matter	to the following:	
		CHANTHOU TOUCH		
			Name of Person	
		ABERDEEN NAILS & SI	PA	
			Firm/Company	
		3735 LONGLEAF PINE I	PKWY, STE 210	
			Address	
		ST JOHNS, FL 32259		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	gnail-com
For furth	er information co	oncerning this matter, please co	all:	-
CHINH	NGUYEN		904 378-8780	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$ 25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	s:	Street 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

ABERDEEN NAILS & SPAILLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/07/2021 Florida document number ____L21000516340 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 "LLC." 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: CHANTHOU TOUCH Name of New Registered Agent: 10767 IRONSTONE DR N New Registered Office Address: Enter Florida street address **JACKSONVILLE**

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.

Cirv

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>	<u>Address</u>	Type of Action
MGR	VICHHEKA VONG	3643 BOONE PARK AVE	□Add
		JACKSONVILLE, FL 32205	■Remove
			□ Change
MGR	NAPAKORN MARKHAM	10373 DRIFTWOOD RD	□Add
		JACKSONVILLE. FL 32246	≅ Remove
			☐Change
MGR	SEREYVATANA CHROENG	10767 IRONSTONE DR N	\equiv Add
		JACKSONVILLE, FL 32246	□Remove
			□Change
	··		□Add
		 	□ Change
			□ Remove
			Change
			🗀 Add
			□Remove
			□Change

Effective date, if other than the date of filing:	_	1 30 ± 1 m 1				
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record 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 ord is filed. Dated JUNE 14 2022 Signature of a member or authorized representative of a member	_			<u>.</u> .		
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