L22000086416

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	oorations		
subject:Opu	3 Nouls a Spa	e, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	LeT	Nguyer	
		Name of Person	
	Opus N	Firm/Company	
	4133 N Fe	deral Hwy Address	
	Boca Rat	City/State and Zip Code	
	E-mail address; (t	to be used for future annual report noti	fication)
For further information co	incerning this matter, please co	ill:	
Le T 1	Nguyen	at (<u>&& </u> <u>932 - 4</u> Area Code Daytim	1949
Name of	Person 5	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of Co		Division of Cor	
P.O. Box 6327	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	
OI	?	
Opus Nails a Spa (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 02/23/2022	and assigned
Florida document number <u>L12 0000 8 6416</u>		
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 "Limited Liabilit	y Company," the designation "LLC" or the ab	obreviation "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)	3301 NE 32 hd Ave Fort Lauxlardale,	Unit 402 FL 33308
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Idress on our records, enter the nam	ne of the new registered
	Enter Florida street address	
	, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	thing Q. Vu	543 NW 35th Place	□∧dd
		Boca Raton, FZ 33431	⊠ Remove
			□Change
MARK	Huong T Nguyen	543 NW 35th place	□Add
		Boca Raton, FZ 33431	Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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reffectiv <u>te:</u> If t	date, if other than the re date is listed, the date mus ne date inserted in this blo s effective date on the Do	t be specific and ock does not n	d cannot be pri neet the appl	ior to date of tili licable statuto	ng or more than !	90 days after fili	ng.) Pursuant to 6	
cord sp s filed.	ecifies a delayed effective	e date, but not	an effective	time, at 12:0	1 a.m. on the ea	arlier of: (b)	The 90th day a	fier the
	08/01/2024		. 202	<u>u</u> .				
ed								
ted	03/01/2024	<u></u>	<u>luna</u>	quyen				