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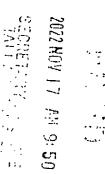
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COVER LETTER

TO:

	gistration Se rision of Cor					
cun icer.	JVLNAILO	CREW LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		Benjamin C. Sperry, Esqu	ire			
			Name of Person			
		Sperry Law Firm				
			Firm/Company			
		1607 S. Alexander Street,	Suite 101	~~		
			Address			
		Plant City, Florida 33563		DECRETE OF THE		
			City/State and Zip Code			
		BCSPERRY@SPERRYLA		글		
For Combonia			to be used for future annual report notification)			
ror turmer ii	normation c	oncerning this matter, please c	au:	(17) C		
Benjamin C	. Sperry, Esq	uire	813 754-3030 at ()			
	Name of	f Person	Area Code Daytime Telephone Nur	mber		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy itional copy is enclosed)		
	iling Addres		Street Address:			
	gistration S vision of C	Section orporations	Registration Section Division of Corporations			
). Box 632		The Centre of Tallahassee			
	lahassee. F		2415 N. Monroe Street, Suit	te 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JVLNAILCREW LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on02/28/2022	and assigned
Florida document number L22000103062	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>	100 HO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		5
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the p	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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
MGR	VIVIANE K. PHAM	10405 CANDLEBERRY WOODS LN	
		GIBSONTON, FL 33534	■Remove
			Change
AMBR	JONNESON C. VO	11012 HOLLY CONE DR	
		RIVERVIEW, FL 33569	□Remove
			■Change
·			□Add
			SET DRemove.
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