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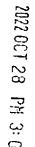
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Co						
Q Nsils Sp	a DHB II, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Hue K. Nguyen					
	4	Name of Person				
	Q NAILS SPA DHB II, LI	LC				
		Firm/Company				
	23032 PANAMA CITY B	EACH PKWYPANAMA CITY BEA	ACH, FL 32413 U			
		Address				
	PANAMA CITY BEACH, FL 32413 UN			SEC	2022 OCT 28	
		City/State and Zip Code		V 77	0CT	
	aastrans@yahoo.com F-mail address: (to be used for future annual report notific	ration)	15.5V.HV 15. A.3V.	28	1
For further information c	concerning this matter, please co		,,		PH 3: 04	
Hue Kim Nguyen		ot (40	
Name (of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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 Fil Certificat Certified (additional	te of Stat Copy	tus &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q NATIS SPA DHB II, LLC
(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 Comp	pany were filed on March 04, 2022	and assigned
Florida document number L22000112230		
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 "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	SECRETARY OF STALLAND SEE STALL
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zip Code
	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 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	Hoang Phan	401 Brady Wah, Panama City Beach, FL 32408	= Add
			□Remove
AMBR	Hue K. Nguyen	120 Hombre Cir, Panama City Beach, FL 32407	= Add
			[]Remove
			Change
		SECRETALE:	2
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ffective date, if other than the date of filing: Oction effective date is listed, the date must be specific and cannot be plote: If the date inserted in this block does not meet the apportment's effective date on the Department of State's reco	prior to date of filing or more than 90 days after filing.) I plicable statutory filing requirements, this date w	
record specifies a delayed effective date, but not an effectiv lis filed.	we time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
ated October 22.		
	Luthorized representative of a member	