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SECRETARY OF STATE

COVER LETTER

Division of Co	rporations				
THE HAN SUBJECT:	D & FOOT SPA NAILS I LL	С			
	Name of Lin	nited Liability Company	 .		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MAI BUI				
		Name of Person		_	
		Firm/Company		_	
	826 OLD BARN ROAD				
		Address		_	
	ORLANDO, FL 32825				
		City/State and Zip Code		_	
	MAIBUI714@GMAIL.CO				
		to be used for future annual report notificati	on)	20° St	
For further information c	oncerning this matter, please ca	all:		22 SI TAL	
MAI BUI		407 929-4837 at ()		2022 SEP -6 SECRETAR TALLAH	STATE S
Name o	f Person	Area Code Daytime Tel	ephone Numbe	F SSS P	177
Enclosed is a check for th	ne following amount:			3: 53 STATE E. FL	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

Mailing Address:

TO:

Registration Section

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

THE HAND AND FOOT SPA NAILS 1 LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/26/2022	and assigned	
Florida document number L22000244152			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	or the abbreviation "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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street addres.	S	
	, Flo	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code	
hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I fur 2 performance of my duties, an provided for in Chapter 605, I	nd Lam familiar with and F.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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TRAN. JAMES		□Add
		826 OLD BARN RD, ORLANDO, FL 32825	≅ Remove
			□Change
AMBR	BUI. MAI	826 OLD BARN RD, ORLANDO, FL 32825	= Add
			□Remove
			□Change
			□Add
		TALLAHA	
		AHV SSEE SEE FI	Add 53
			□Change
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			□Remove
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Effective date if other than the date						
Effective date, if other than the date of an effective date is listed, the date must be specified. If the date inscreted in this block do	cific and cannot be	prior to date of fil	ing or more than 90 c	_ (optional) lays after filing.) Po	irsuant to 60	05.0207
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the a lent of State's rec	ords.	ry filing requireme	ents, this date wi	Il not be li:	sted as
e record specifies a delayed effective date, rd is filed.	but not an effect	ive time, at 12:0	1 a.m. on the earlie	er of: (b) The 9	0th day aft	er the
00/21	2022					
08/31 Dated	2022	·				
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Jaicu	nicoel ?					

E.I. E. 025.00