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COVER LETTER

ТО:				
OUR IN		Nails Designer LLC		
Division of Corporations Gioh Saenz Nails Designer LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Cristiane D Ventura Name of Person Excellence Virtual Administrative Services LLC Firm/Company 2121 S Hiawassee Rd Suite 116 Address Orlando, FL 32835 City/State and Zip Code admin@excellenceservices.org F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cristiane Ventura Name of Person Area Code Daytime Telephone Number Einclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations				
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		Cristiane D Ventura		
			Name of Person	
		Excellence Virtual Admin	istrative Services LLC	
			Firm/Company	
		2121 S Hiawassee Rd Suit	te 116	
			Address	
		Orlando,FL 32835		
			•	
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For furth	er information c			omicanon,
Cristiano	e Ventura		•=-	
·	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	l is a check for th	ne following amount:		
玄 \$25.	00 Filing Fee いん	-	Certified Copy	Certificate of Status & Certified Copy
				Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee 1			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIOH SAENZ NAILS DESIGNE				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited L. Clorida document number	iability Company	were filed on		_ and assigned
his amendment is submitted to amend the following	owing:			
. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:		
DANI BARBER LLC				_
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "L	LC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		2337 LAKE DEBRA DR A	PT 0524	* 1
Principal office address MUST BE A STREE		ORLANDO,FL 32835	:	4
THE PARTY WHEN THE PARTY			200	
				ক
Enter new mailing address, if applicable:		2337 LAKE DEBRA DR A	APT 0524	
	ROY)	ORLANDO,FL 32835	-ri	<u></u>
Mailing address MAY BE A POST OFFICE BOX)				ਹੀ ਹ
s. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, en	ter the name	of the new regi
Name of New Registered Agent:	EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC			S LLC
New Registered Office Address:	2121 S HIAW	ASSEE RD SUITE 116		
	Enter Florida street address			
	ORLANDO		Florida 3283	5
		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>	Name	Address	Type of Action
AMBR	MARIA DANIELE L SOUZA	2337 LAKE DEBRA DR APT 0524	≣Add
		ORLANDO,FL 32835	□Remove
			Change
			□ Remove
			□Add
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Giovana Quiva da Silva Signature of a member or authorized representative of a member	JUNE 19th		2024				
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	7	Signatur	e of a member or au	thorized representat	uve of a member		

Filing Fee: \$25.00