L22 000 431155

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(Address)	
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COVER LETTER

D: Registration Se Division of Cor			
	S SPA LLC		
iBJECT:	Name of Lim	ited Liability Company	
ie enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	CUONG NGUYEN		
		Name of Person	
	P&K NAILS SPA LLC		
		Firm/Company	
	5149 US HWY 98 N		
		Address	
	LAKE LAND FL 33809		
		City/State and Zip Code	·
	taydo66@yahoo.com E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
CUONG NGUYEN		863 3150637	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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	Section	<u>Street Address:</u> Registration Se Division of Co	
Division of C P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LOVELY NAILS SPA PK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETA SEE FATE

The Articles of Organization for this Limited Liability Company	were filed on 10/06/20)22	and assigned
Florida document number L22000431155			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
P&K NAILS SPA LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	ition "LLC" or the abbrev	riation "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	address on our record	is, <u>enter the name o</u>	the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I handle assent the appointment of registered agent and gar	ran to act in this cana	city I further aurea	to comply with the

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Vqq
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			□Add
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Filing Fee: \$25.00