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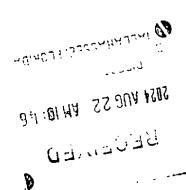
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### **COVER LETTER**

TO:

SUBJECT.			nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		AMIRA BENNAI		
		<del>-</del> -	Name of Person	
		BR LAW GROUP LLC		
			Firm/Company	
		1395 BRICKELL AVENU	JE SUITE 800	
	Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:  AMIRA BENNAI  Name of Person  BR LAW GROUP LLC  Fitm/Company  1395 BRICKELL AVENUE SUITE 800  Address  MIAMI FL 33131  City/State and Zip Code  amira@brlawgrp.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  RNAI  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  ling Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Street Address:  ing Address:  istration Section Six of Corporations Box 6327  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee			
		MIAMI FL 33131		
		AMIRA BENNAI  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  AMIRA BENNAI  Name of Person  BR LAW GROUP LLC  Firm/Company  1395 BRICKELL AVENUE SUITE 800  Address  MIAMI FL 33131  City/State and Zip Code  amira@brlawgrp.com  E-mail address: (to be used for future annual report notification)  ion concerning this matter, please call:  The concerning this matter and the following amount:  See S S30.00 Filing Fee & S55.00 Filing Fee & Certificat Copy (additional copy is enclosed)  City/State and Zip Code  The Corporations  The Centre of Tallahassee  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee		
Division of Corporations  UM NAILS LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  AMIRA BENNAI  Name of Person  BR LAW GROUP LLC  Firm/Company  1395 BRICKELL AVENUE SUITE 800  Address  MIAMI FL 33131  Cny/State and Zip Code  amira@brlaw.grp.com  B-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  AMIRA BENNAI  Name of Person  The code of States and Sip Code  artificate of States and Sip Code  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations				
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For further inf	formation c	oncerning this matter, please c	alt:	
AMIRA BEN				
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Enclosed is a	check for th	ne following amount:		
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Regi Divi P.O.	istration S sion of C Box 632	Section orporations 7	Registration Section Division of Corporations	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

UM NAILS I LLC

2024 AUG 22 AH 11: LA

(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 Company were filed on  $\frac{11/15/2022}{11/15/2022}$ Florida document number \_\_\_\_\_L22000484300 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 "LLC" or the abbreviation "L.L.C." 1900 NE Miami CT Enter new principal offices address, if applicable: Unit 323 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33132 1900 NE Miami CT Enter new mailing address, if applicable: Unit 323 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33132 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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
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		Unit 323	□Remove
		MIAMI, FL 33132	
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