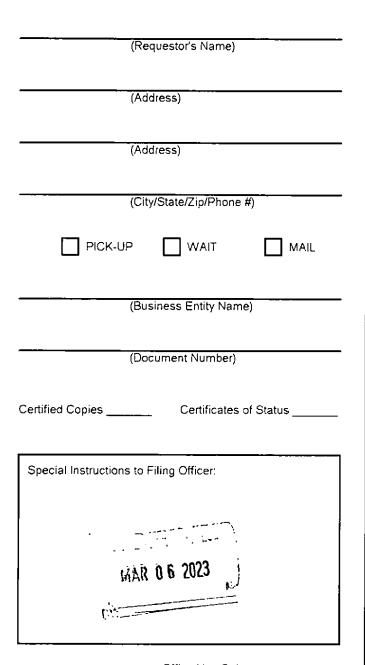
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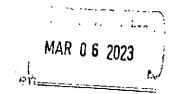






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A. RIVERS MAY - 2 2023

COVER LETTER

TO: Registration Sec Division of Corp			
RIBINET. R050	alinda's Nail	Artistry	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Karen	Spotts Name of Person	
			1
	Spotts La	offices Chartera Firm/Company to Avenue #203	ed
		Firm/Company	
	300 Colorad	o Avenue # 203	
		Address	
	Stuart i	Twide 34994 City/State and Zip Code Slawoffices. Com	
	Variable CAN	City/State and Zip Code	——————————————————————————————————————
		to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	·	
Kuren Spa	1 1/ <	→ 12 332-	1247
Name of		at (<u>772</u>) <u>303-</u> Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e 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 Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of 7	rporations
rananasee, r		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L2300</u> 1188		21812023	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	e designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our s here:	records, enter the n	ame of the new registere
Name of New Registered Agent:			
New Registered Office Address:			8: O
	Enter F	lorida street address	7.4
		Florida	
	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
MER	Rosalinda Gonzalez	2909 SE Cypress Street Stuart FL 34997	DAdd
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			🗆 Add
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ective date, if other	er than the date of	filing:	dara at (11/2	(optional) re than 90 days after filing) D
<u>te:</u> If the date inser	ted in this block does	not meet the applic	able statutory filing	requirements, this date	will not be listed as
rument's effective d	ate on the Departmen	it of State's records.	,		
cord specifies a del: s filed.	ayed effective date, bu	at not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
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ed <u>Februa</u>	m 28	<u> </u>	3.		
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F		~ ~~~			
			orived representative of	· · · · · · · · · · · · · · · · · · ·	

Typed or printed name of signee