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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor	ction 5 porations			,	
CI:DI	M Spa & N	ail LLC			-	
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	70 (ptreco	f Suide	rumbe
Please	return all correspo	ndence concerning this matter	to the following:			
		Uyen Nguyen				
			Name of Person		-	
		M Spa & Nail LLC				
			Firm/Company		-	
		4051 Barraneas Ave 11				
			Address		-	
		Pensacola, FL 32507				
			City/State and Zip Code		•	
		aastrans@yahoo.com			20 SE	
For fu	ther information co	oncerning this matter, please c	to be used for future annual repoall;	rt notification)	2023 SEP 1 SECRETAL TALLAH	O d
Angie	Hawker		850 497-58	43	33 − 300 −	744330 1 1 177734
	Name of	f Person		Daytime Telephone Number		
Enclos	ed is a check for th	ne following amount:			111 00	
■ \$25.00 Filing Fee		(additional copy is enclosed) Certified		te of Status &		

Mailing Address: 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

M Spa & Naii LLC.			
(Name of the Limi	(A Florida Limited)	inv as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited L. Florida document number L23000358120	, ,	were filed on	and assigned
his amendment is submitted to amend the following			
A. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	4051 Bar	carces Abe Scrit H FL 32507
Principal office address MUST BE A STREE	ET ADDRESS)	Romea Cola,	FL 32507
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address. Number of New Registered Agent	registered office :	address on our record	DECRESS SEP 11 8: No. 10 8
Name of New Registered Agent:			
New Registered Office Address:	4051 Barranças	· · · · · · · · · · · · · · · · · · ·	
		Enter Florida st	
	Pensacola	Z 95	, Florida 32507
		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>	Name	Address	Type of Action
MGR	Uyen Nguyen	4051 Barraneas Ave Suite H	□Add
		Pensacola, FL 32507	□Remove
			≡ Change
			□Add
			□Remove
			□ Change
			SEUR SEUR
			SEP DRemove
			Change D
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Effective date, if other than the date of filing: \(\sum \begin{align*} \sum a		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier d is filed.	of: (b) The 90th day aff	ter the
Dated $08/01/2023$, 2023		
Signature of a member or authorized representative of a member		
ANGIE HAWKER Typed or printed name of signee		