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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLVAE NAILS LLC

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## COVER LETTER

	istration So sion of Co			. (((H23000277Q84 3)))
SUBJECT:	SOLNAE	NAILS LLC		
SUBJECT:		<u> </u>	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	<del></del>
		17350 STATE HWY 249	7220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code  M	
			to be used for future annual report not	(fication)
For further in	formation c	oncerning this matter, please e	all:	
LOVETTE D	OBSON		888-462-34:	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	he following amount:		
<b>≅</b> \$25.00 Fi	iling 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)
Reg Div P.O	. Box 632	Section 'orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H23000277084 3))) OF

SOLVAEN	AILS LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000363666</u>	were filed on 08/02/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	208 Oakfield Drive #129	93
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 33511	
Enter new mailing address, if applicable:	208 Oakfield Drive #12	93
Mailing address MAY BE A POST OFFICE BOX)	Brandon, FL 33511	<del> </del>
		200
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	;
Name of New Registered Agent:		7,
New Registered Office Address:		. 3
red registered office radiess.	Enter Florida street	
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrovovisions of all statutes relative to the proper and complete	performance of my dut	

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Brandon, FL 33511	
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