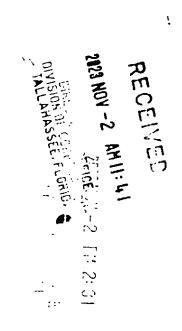
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	Requestor's Name)
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Office Use Only



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COVER LETTER

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SUBJECT	NAIL BY	TESS LLC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	indence concerning this matter	to the following:	
		JESSICA MONTIEL TRU	nurro	
			Name of Person	
		NAIL BY JESS LLC		
			Firm/Company	
		10717 CLEARY BLVD A	APT 303	71:
			Address	::
		PLANTATION, FL 33324	4	k2 1
			City/State and Zip Code	<u> </u>
		MEDEROS.TAX2020@G	MAIL.COM	
F 6 .1			to be used for future annual report notification)	$\cdot : \frac{\omega}{\mu}$
For further	information co	oncerning this matter, please c	all:	
JESSICA MONTIEL TRÚJILLO		ÚЛLLO	954 553-7008 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	e following amount:		
■ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	ailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	O. Box 632	=	The Centre of Tallahassee	
Ta	allahassee, F	FL 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAIL BY JESS LLC (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 10/30/2023 and assigned Florida document number L23000494081 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NAILS BY JESS US LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 6.3 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.

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

Title	Name	Address	Type of Action
			□ Remove
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LLC NAME CHANGE	
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11/02/2023	}
tive date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the applic ment's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed
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ord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
NOVEMBER 02 2023	
(1)	· ·
J. J	
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Signature of a member or auth JESSICA HOXLIF Typed or print	orized representative of a member

Filing Fee: \$25.00