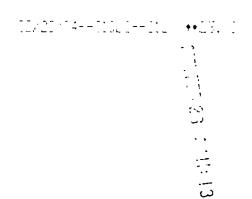


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COVER LETTER

TO: Registration S Division of Co					• :		
SUBJECT:	Noire	THE	NAIL	BAR	ESTE	ERO	LLC
		Name of Lin	nited Liabilit	Company			
The enclosed Articles o	f Amendment and fo	ec(s) are sub	omitted for (iling			
Please return all corresp							
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Name c	of Person		A	rea Code	Daytime	: Telephone	Number
Enclosed is a cheek for the	he following amount	;					
\$25.00 Filing Fee	□ \$30.00 Filing Certificate o		Certi	O Filing Fee fied Copy onal copy is en		C	60.00 Filing Fee. Tertificate of Status & Tertified Copy additional copy is enclosed)

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**

T. Las

110

(Name of the Limited Lia (A Flo	bility Company a: rida Limited Liabi	s it now appears of the Company)	n our records.)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L 2400004734</u>		e filed on <i>O{</i>	125/2024	and assigned
This amendment is submitted to amend the following	·			
A. If amending name, enter the new name of the l	imited liability	company here	:	
The new name must be distinguishable and contain the words "l	.imited Liability C	ompany," the desig	gnation "EL.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			د
	_			
				. 1
Enter new mailing address, if applicable:				. ' بر
(Mailing address MAY BE A POST OFFICE BOX)		·		•
	_	-	-	
		<u> </u>		<u></u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office addr <u>e</u> :	ess on our reco	ords, <u>enter the nan</u>	<u>ie of the new registered</u>
Name of New Registered Agent:		NON		
New Registered Office Address:		Enter Florida	Trail # .	
	Ester	5	, Florida	33 <i>928</i>
-		Сиу		Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:			

Naiga

Tha

1/21

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

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
MGR	TA VUONG	20000 S Tamia mi trail	□Add
	ed Remove SP2	# 203 Estero FL, 3392	& _ ⊡Remove
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change
MGR	PHAM PHUONG	20000 S Tamia mi trail	□Add
N.H. I	need Remove S12	# 203 Estero, FL 33928	□Remove
From	hame on files		lu⁄change
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e record s rd is filed	specifies a do l.	elayed effe	ctive date, b	ut not an e	ffective time	e, at 12:01 a	.m. on the ea	ırlier of: (b)	The 90th da	ay after the
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Dated		-V	سد سد		·		tive of a men	Ind/		