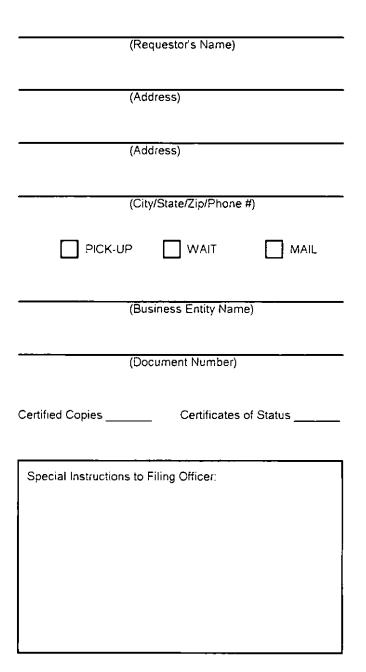
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## COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

LQ NAILS & SPA SALON, LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: AMY NGUYEN Name of Person LQ NAILS & SPA SALON, LLC Firm/Company 3635 ALOMA AVE SUITE 1005 Address OVIEDO, FLORIDA 32765 City/State and Zip Code AMYNGUYEN030381@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMY NGUYEN 316-1432 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | OVIEDO               | City-                              | , Florida                                    |
|--|----------------------|------------------------------------|--|
|  |                      |                                    |  |
| isen ingunited critice radices.  |                      | Enter Florida stre                 | et address                                   |
| New Registered Office Address:   | 3635 ALOMA           | AVE. SUITE 105                     |  |
| Name of New Registered Agent:  |                      |                                    |  |
| nter new mailing address, if applicable:  Aailing address MAY BE A POST OFFICE  If amending the registered agent and/or regent and/or the new registered office address. | egistered office :   | address on our records             | SECRE JARY OF DESCRIPTION OF TAIL AHASSEM FL |
|  |                      | FL 32765                           |  |
| Principal office address MUST BE A STREET ADDRESS)   |                      | OVIEDO                             |  |
| Enter new principal offices address, if applicable:  |                      | 3635 ALOMA AVE. S                  | UITE 105                                     |
| te new name must be distinguishable and contain the w  | vords "Limited Liabi |                                    |  |
| . If amending name, <u>enter the new name o</u>  | -                    |                                    |  |
| nis amendment is submitted to amend the follo  |                      |                                    |  |
| orida document number L24000108696   |                      |                                    |  |
| ne Articles of Organization for this Limited L   |                      | were filed on $\frac{03/04/202}{}$ | and assigned                                 |
|  |                      | Liability Company)                 |  |
|  | 1.1                  |                                    |  |

## 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          | <u>Address</u>             | Type of Action |
|--------------|---------------|----------------------------|----------------|
| AMBR         | NGUYEN, QUYEN | 3635 ALOMA AVE, SUITE 1005 | <b>=</b> Add   |
|              |               | OVIEDO                     | □Remove        |
|              |               | FL 32765                   |                |
| AMBR         | NGUYEN, AMY   | 3635 ALOMA AVE. SUITE 1005 |                |
|              |               | OVIEDO                     |                |
|              |               | FL 32765                   | ■Change        |
|              |               |                            | □ Add          |
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|   |   |  |                     |                     |                    |             |
| Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the | ust be specific and<br>block does not n | cannot be prior to<br>neet the applica |                     | nore than 90 days a |                    |             |
| e record specifies a delayed effect<br>rd is filed.   | ve date, but not                        | an effective tir                       | ne, at 12:01 a.m.   | on the earlier of   | (b) The 90th day a | fter the    |
| March 12<br>Dated   | ,                                       | 2024                                   | <u> </u>            |                     |                    |             |
|   |   | !                                      |                     |                     |                    |             |
|   |   | 4 m                                    |                     |                     |                    |             |
|   | Signature of a r                        | nember or autho                        | riyal representativ | e of a member       |                    |             |

Filing Fee: \$25 M