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## **COVER LETTER**

O: Registration Section Division of Corporations
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:
HUNG HUY DINH
7486 APAIACHEE PKWY STES
1486 APALACHEE PKWY, STES
PALLA HASSES FL 32301  City/State and Zip Code  Nung clinh - AG Q (amail. Com  G-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HUNG HUY DUNH at (678) 794-1749  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{S60.00 Filing Fee,} \\ Certified Copy \\ (additional copy is enclosed) \$\Bigcup \text{Certified 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

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NAIL BAR TALLAHA SSEE (Name of the Limited Liability Compan (A Florida Limited Li	PL SPG, LLC 2024 OCT   AM 1:1	7
tv Houga Fluida Clauded Cl	Clability Company)  SECHE LAHASSES TATE  TALEAHASSES TATE	~
The Articles of Organization for this Limited Liability Company	were filed onand assigne	d
Florida document number <u>L 24 000 17 0019</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili		<del></del>
Enter new principal offices address, if applicable:	_N/A	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	_ <i>N/A</i>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>	gisterec
Name of New Registered Agent:		<del>_</del>
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	
	City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

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>	<u>Name</u>	Address	Type of Action
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Cherry	2 Name OF a Person at	thorized to	Manage
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n effective date is I ote: If the date in	ther than the date of filing:  sted, the date must be specific and cannot be prior to date of serted in this block does not meet the applicable state a date on the Department of State's records.	(op filing or more than 90 days at utory filing requirements, t	otional) fler filing.) Pursuant to 605.020 this date will not be listed a
ecord specifies a is tiled	delayed effective date, but not an effective time, at 17	2:01 a.m. on the earlier of:	(b) The 90th day after the
ted	111/2024.		
	Signature of a member or authorized rep	presentative of a member	<del>_</del>
	HUNG HUY	District	

Filing Fee: \$25.00