Fax: 8134365206 To: 18506176383 9/17/2024 13:05:02 PD1 Page: 1/4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000317040 3)))



H240003170403ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAIL LAB WHOLESALE SUPPLY LLC

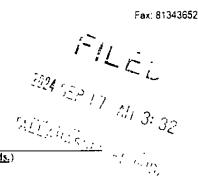
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

If Changing Registered Agent, Signature of New Registered Agent

## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Nail Lab Wholesale Supply 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 08/20/24	and assigned
Florida document number L24000366186		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Nail Lab Wholesale Supply LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3119 Hwy 77	
(Principal office address MUST BE A STREET ADDRESS)	Lynn Haven Fl 32444	
	2110 Live 77	
Enter new mailing address, if applicable:	3119 Hwy 77	
(Mailing address MAY BE A POST OFFICE BOX)	Lynn Haven FI 32444	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the nam	e of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Σιρ Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am J provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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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
AMBR	WHIPPLE, NESHANTHIA	302 WATERFORD DRIVE	□Add
		LYNN HAVEN, FL 32444	&Remove
		<u> </u>	□Change
AMBR	WHIPPLE, NESHANTHIA	3119 Hwy 77	·⊠ Add
		Lynn Haven Fl 32444	□Remove
			□Change
			□Remove
			到Change
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			Remove
			بى بى ElChange`
			□Add
			□Remove
			[]Change
			CJAdd
		<del></del>	□Remove
			□Change

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. II allicii	ding any other information, enter change(s) here: (Attach additional sheets, if nece	
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Note: If	c date, if other than the date of filing:	onal) filing.) Pursuant to 605,020 date will not be listed as
the record s ford is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bd.	) The 90th day after the
Dated S	September 17th 2024	
	Signature of a member or authorized representative of a member	
	Nat Smith	