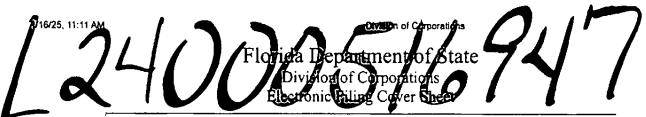
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC

Account Number : I20230000123 Phone : (407)777-2501 Fax Number : (407)777-2502

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

Email Address: manager (a) athernatax aduisors. can



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEAVENLY NAILS & SPA USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

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JAN 17 2025

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## **COVER LETTER**

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CUD FECT.		LY NAILS & SPA USA LLC					
SUBJECT:		Name of Lin	nited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		ANDREIA GUIMARAES	5				
			Name of Person				
		ATHENA BUSINESS AN	s) are submitted for filing.  nis matter to the following:  MARAES  Name of Person  NESS AND TAX ADVISORS LLC  Firm/Company  AL BLVD STE 100  Address  32819  City/State and Zip Code axadvisors.com  address: (to be used for future annual report notification)  , please call:  at (				
			Firm/Company				
	7680 UNIVERSAL BLVD STE 100						
			Address				
		ORLANDO, FL 32819					
		manager@athenataxadviso					
For further i	nformation c	e-mail address: (		nification)			
ANDREIA	GUIMARAI	ES					
	Name o	f Person		me Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>≘</b> \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Re	iling Addres	Section	Registration S				
	vision of C ). Box 632	orporations 7	Division of Co The Centre of	•			
Tal	lahassee, E	FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



**HEAVENLY NAILS & SPA USA 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 Florida document number	y were filed on 12/12/2024 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1601 PARK CENTER DR SUITE 7			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32835			
Enter new mailing address, if applicable:	1601 PARK CENTER DR SUITE 7			
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32835			
	address on our records, <u>enter the name of the new regist</u> e			
	address on our records, enter the name of the new registe			
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the new registors  Enter Florida street address			
agent and/or the new registered office address here:  Name of New Registered Agent:				

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.

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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

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