

L15000 123126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

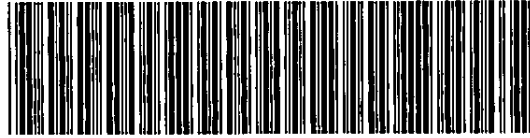
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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N. Culligan NOV - 3 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLO NAIL BAR AND SPA, L.L.C.
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:

TUAN NGUYEN

Name of Person

GLO NAIL BAR AND SPA, L.L.C.

Firm/Company

425 S. ORLANDO AVE

Address

MAITLAND, FL 32751

City/State and Zip Code

VNLE74@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TUAN NGUYEN

Name of Person

at **321 314-7197**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 OCT 30 AM 11: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GLO NAIL BAR AND SPA, L.L.C.

(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 07/17/2015 and assigned Florida document number L15000123126.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GLO NAIL BAR AND SPA, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

425 S ORLANDO AVE.

(Principal office address MUST BE A STREET ADDRESS)

MAITLAND, FL 32751

Enter new mailing address, if applicable:

425 S ORLANDO AVE.

(Mailing address MAY BE A POST OFFICE BOX)

MAITLAND, FL 32751

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TUAN NGUYEN

New Registered Office Address:

12294 BOHANNON BLVD

Enter Florida street address

ORLANDO

City

, Florida 32824

Zip Code

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 608, 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.

Tuan Nguyen
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

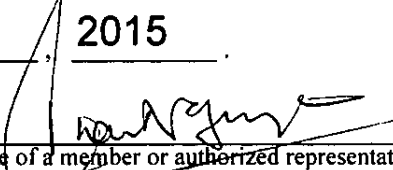
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TUAN NGUYEN	12294 BOHANNON BLVD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
MGR	KHEM XAYAVONG	3050 UNKATERI LN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE THE "REGISTERED AGENT" TO
"TUAN NGUYEN" UNDER "ARTICLES OF ORGANIZATION"
AND ADD "TUAN NGUYEN" AND "KHEM XAYAVONG" INTO THE ARTICLE
OF ORGANIZATION. PLEASE SEND ME THE
"CERTIFICATE OF STATUS" UNDER "TUAN NGUYEN".

Dated OCTOBER 26TH, 2015


Signature of a member or authorized representative of a member

TUAN NGUYEN

Typed or printed name of signee

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Filing Fee: \$25.00

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