L23000335017

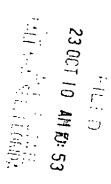
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE OCT 18 2023
OCT 1 8 2023

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co			s . Ser
erio II	n om	IE NAILS & SPA, LLC		
SUBJI	EC.1:	Name of Lim	ited Liability Company	
The en	iclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	condence concerning this matter	to the following:	
		PAUL LUU		
			Name of Person	
		SUNSHINE NAILS & SP.	۸	
			Firm/Company	
		1212 KINGSWAY RD		
			Address	
		BRANDON, FL 33510		
			City/State and Zip Code	
		LUUPAUL2015@ICLOUF		
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information	concerning this matter, please c	all:	
PAUL	LUU		240 486-7192 at ()	
	Name	of Person		e Telephone Number
Enclos	sed is a check for	the following amount:		
≘ \$3	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 Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE NAILS & SPA, LLC

company has been notified in writing of this change.

(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 I		were filed on $\frac{07/14}{}$	2023	and assigned
Florida document number 1.23000335017	···································			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	nation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
in the girled villed Techness.		Enter Florida	street address	
		, Florida		
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro	• • • • • • • • • • • • • • • • • • • •	•		4 *

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

If Changing Registered Agent, Signature of New Registered Agent

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	SHAWN MICHAEL LUU	12130 S US 41	⊞Add
		LOT 190	□Remove
		GIBSONTON, FL 33534	
AMBR	MONG TUYEN THI HO	12130 S US 41	
		LOT 190	□Remove
		GIBSONTON, FL 33534	□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□∧dd
			□Remove
			☐ Change
			\ _Add
			□Remove

Fective date, if other than the date of filing: N/A (optional)	N/A			
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Filing Fee: \$25.00