410000123918

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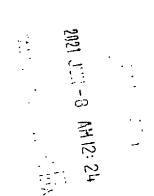


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COVER LETTER

Tallahassee, FL 32314

	stration Se ion of Cor					
	CALI NAII					
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed /	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ıll correspo	ndence concerning this matter	to the following:			
		BACH NGUYEN				
			Name of Person			
		CALI NAILS LLC				
			Firm/Company			
		1517B SUN CITY CENTI	ER PLAZA			
		Address				
		SUN CITY CENTER, FL 33573				
		City/State and Zip Code				
		datguy7@gmail.com	to be used for future annual report no	diffication		
For further inf	formation c	oncerning this matter, please c	-	carem		
Bach Nguyen			813 634-6500 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 Fi	ling 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)		
	ing Addres		Street Address: Registration S	ection		
Divi	ision of C	Corporations	Division of Co	orporations		
P.O.	Box 632	. /	The Centre of	таналаѕѕее		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALINAILS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 12/01/2010 Florida document number L10000123918					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LI	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	1517B Sun City Center Plaza	3			
	Sun City Center, Fl. 33573	091			
Enter new mailing address, if applicable:		JUI - 5			
(Mailing address MAY BE A POST OFFICE BOX)					
and and the many and the money					
	· · · · · · · · · · · · · · · · · · ·	22. 2			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	er the name of the new register			
New Registered Office Address:					
New Registered Office Address.	Enter Florida street addr	ress			
	, I	Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u> </u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	- ree to act in this capacity. L				

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
MGR	KIM NGUYEN		□ Add
		10905 Australian Pine Dr. Riverview, FL 33579	≣Remove ↓
			□Change
AMBR	BACH NGUYEN	10905 Australian Pine Dr. Riverview, FL 33579	= Add
			□Remove
			□Change
MGR	PHUONG NGUYEN	10905 Australian Pine Dr. Riverview, FL 33579	\ Add
			□Remove
			□Change
AMBR	TAM NGUYEN	10905 Australian Pine Dr. Riverview, Fl. 33579	\equiv A dd
			□Remove
			Change
AMBR	PAUL NGUYEN	10905 Australian Pine Dr. Riverview, FL 33579	= Add
			Remove
		: -	Add · _
		A GMID Y	Remove
			
			□Change

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<u>ite:</u> If th	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable sta effective date on the Department of State's records.	of filing or more than 90 days after atutory filing requirements, this	nal) filing.) P date wi	ursuam to 605.020 ill not be listed a
ecord spe is filed.	cifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The ?	90th day after the
ted	06/03/2021			
	Signature of Statember or authorized r			
				

Filing Fee: \$25.00