L12000004155

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(Address)	
(Address)	
(City/State/Zip/Pho	one #)
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(Business Entity N	ame)
(Document Number	er)
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COVER LETTER

Division of Cor	porations		
LUXURY ? Subject:	NAILS LLC		
	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PHU DOAN		
	-	Name of Person	
	LUXURY NAILS LLC		
		Firm/Company	
	6370 N STATE ROAD 7 S	STE 118	
		Address	
	COCONUT CREEK, FL 3	3073	
	arcalpha80@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co	all:	
PHU DOAN		561 601-2161	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

LUXURY NAILS LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L12000004155	Liability Company	were filed on01/10/2	012	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the a	bbreviation "L.L.C,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6370 N STATE ROA	D 7	- 6 ·
		STE 118		
		COCONUT CREEK.	FL 33073	3
Enter new mailing address, if applicable:		6370 N STATE ROA	D 7	S P
(Mailing address MAY BE A POST OFFICE BOX)		STE 118		95. Q
		COCONUT CREEK.	FL 33073	\$ 00 O
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			records, enter	the name of the
Name of New Registered Agein.	6370 N STATE ROAD 7 STE 118			
New Registered Office Address:	03/UN STATE	Enter Florida str	reet address	<u> </u>
	COCONUT CE		, Florida <u>3</u>	3073
		City		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 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.

If Changing Degistered Agent, Menature 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	PHU DOAN	6370 N STATE ROAD 7 STE 118 COCONUT CREEK, FL 33073	Add
			☐ Remove
			☐ Change
MGR	DUC VAN TRAN		
		189 NW HUTTON DRIVE SUITE #105	Add
		1 AME CHEN BL SOME	Remove
			Change
			—— ™ Remove
			Soft 5 E
			OR RESPONSE
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		<u></u>	Add
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			☐ Remove
			Change

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ective date	e, if other than (he date of fili	ng: MARCH 18	5, 2019	optio	nal) filing.) Pursuant to 605.0
ite: If the d		block does not	meet the applic	able statutory filing		date will not be listed
camen s ci	recure date on m	. Troparment of	chart a records.			
	pecifies a delay day after the r			t an effective tir	ne, at 12:01 a	.m. on the earlier
MARC	TH 18	١	2019			
ted			· A.C	<u> </u>		
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Typed or printed name of signee

Filing Fee: \$25.00