L12000040536

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COVER LETTER

TO: Registration S Division of Co			
TESSA N	AIL LLC	•	• •
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filling.	
Please return all corresp	oondence concerning this matter	to the following:	
		BICH THUY T NGUYEN	
		Name of Person	
		Firm/Company	
	4926 CENTRAL AVENU	E N	•
		Address	207
	ST. PETERSBURG, FL 3.	3707	
	DIEPTRANTHUY2010@\	City/State and Zip Code (AHOO.COM) to be used for future annual report notifications.	20 MAY 25 (M 3: 2)
For further information	concerning this matter, please c	·	نن. چې
DIEP TRAN		727 365-3000 at ()	
Name	of Person		lephone 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (<u>Street Address:</u> Registration Sectio Division of Corpor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TESSA NAIL		•
(Name of the Limited Liability Co	mpany as it now appears on our recoited Liability Company)	ords.) جراب جراب عبر (م) and assigned
CA FIOCHA EMII	ned Liability Company)	ي ج
The Articles of Organization for this Limited Liability Comp	oany were filed on 03/23/2012	and assigned
Florida document number 1.12000040536		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	_	Florida
	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 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	BICH THUY T NGUYEN	6526 31ST AVE N	□Add
		ST. PETERSBURG, FL 33710	□Remove
			□ Change
MGR	DIEP N TRAN	6526 31ST AVE N	
		ST. PETERSBURG, FL 33710	□Remove
			□Change
			□Add
			Remove
			□Change
		-	□Add
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			□Remove
			□Change

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Effective date, if other than i	he date of filing:	05/08/2020		(optional)	
Effective date, if other than the fan effective date is listed, the date Note: If the date inserted in this	nust be specific and c	annot be prior to date	of filing or more than tatutory filing requi	 90 days after filing.) Pur rements, this date will 	suant to 605. not be liste
document's effective date on the	Department of Sta	ate's records.	, ,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e record specifies a delayed effe rd is filed.	tive date, but not a	n effective time, a	112:01 a.m. on the	cartier of: (b) The 90	in day after
•					
Dated MAY 8TH	·	2020			
Dated MAY 8TH	4.67				
$\chi_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$	Signature of a me	ember or authorized	representative of a me	ember	
	17				

Filing Fee: \$25.00