

L13000017020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

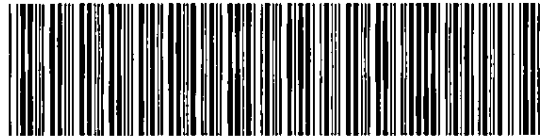
(Business Entity Name)

(Document Number)

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FILED  
2023 FEB 13 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend/Name Change*

APR 27 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TB NAILS LLC  
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:

NGO BINH  
Name of Person

TB NAILS LLC  
Firm/Company

11407 Cypress Reserve Drive  
Address

TAMPA FL 33626  
City/State and Zip Code

binhnganoo@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NGO BINH at (405) 343-5481  
Name of Person 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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

2023 FEB 13 AM 11:32

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

TB NAILS LLC

(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 02/01/2013 and assigned Florida document number L13000017020.

This amendment is submitted to amend the following:

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

TB NAILS. TRAN AND TRINH HOLDINGS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1057 South Pinellas AVE  
TARPON SPRING, FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11407 Cypress Reserve Drive  
Tampa, FL 33626

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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NGO BUNH	11407 Cypress Reservoir Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAN HUONG	11407 Cypress Reservoir Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAN HUONG	12772 ARBOR Court	<input checked="" type="checkbox"/> Add
		Garden Grove, CA 92840	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee