

L14000069874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

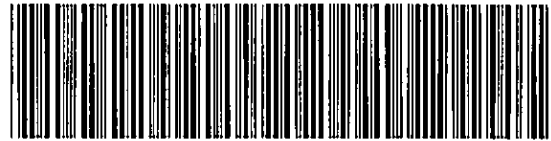
(Business Entity Name)

(Document Number)

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2018 JUL -5 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

U45  
07/10/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GALAXY NAILS AT CONWAY CENTER, 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:

LUYEN V PHAM

Name of Person

Firm/Company

4709 WALNUT RIDGE DRIVE

Address

ORLANDO FL 32829

City/State and Zip Code

pluyen1973@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROLD R MEIER

407 256-1569

at ( )

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

GALAXY NAILS AT CONWAY CENTER, 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 04/30/2014 and assigned  
Florida document number L14000069874.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
2010 JUL -5 AM 9:03  
CLERK OF CIRCUIT COURT  
ALACHUA COUNTY FLORIDA

**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: LUYEN V PHAM

New Registered Office Address: 4709 WALNUT RIDGE DRIVE

*Enter Florida street address*

ORLANDO, Florida 32829

*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>
AMBR	LUYEN V PHAM	4709 WALNUT RIDGE DR	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	THY M PHAM	4709 WALNUT RIDGE DR	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THANH H TRAN	7620 HIDDEN CYPRESS DR	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAM T PHAM	7620 HIDDEN CYPRESS DR	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUL - 5 AM '06  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2018 JUL -5 AM 9:00  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: JULY 1, 2018 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 1-2-2018

Wynneham  
Signature of a member of

Signature of a member or authorized representative of a member

LUYEN V PHAM

Typed or printed name of signee