L1500092074

(Re	questor's Name)	· · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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K. SALY JAN 12 2018

COVER LETTER

TO: Registration Se Division of Cor			
Insytle Nail SUBJECT:	s, LLC.		
<u></u>	Name of Limit	red Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Tuyen T. Pham		
		Name of Person	
	Insytle Nails, LLC.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	33199 US 19 NORTH		
		Address	
	PALM HARBOR, FL 3468	3.4	
	INSTYLENAILSLLC@GM	City/State and Zip Code	
		o be used for future annual report	notification)
For further information c	oncerning this matter, please ca	11:	
TUYEN T. PHAM		714 471-861 at ()	
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	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



INSTYLE NAILS, LLC

company has been notified in writing of this change.

(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 v	were filed (on <u>05/26/2</u>	2015	and assigned
Florida document number L15000092074				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity compa	ny here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company.	" the design	nation "LLC" or t	he 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:				<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)				
				,
D. If any and in a the receiptered agent and/on registered of	Saa addwa			ton the name of the name
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ss on ou	r recorus, <u>er</u>	iter the name of the nev
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	En	ter Florida s	street address	_
			, Florid	a Zip Code
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performan rovided fo	ice of my or in Cha _l	duties, and L pter 605, F.S.	am familiar with and Or, if this document is

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

DIVISION OF	RYCE	
DIVISION OF	CORFORA	NE NONE
77/12	PH ,	-,,,

<u>Title</u>	<u>Name</u>	Address	- r# 1:13	Type of Action
MGR	TUYEN T. PHAM	2799 JARVIS CIR, PALM		_□ Add
		HARBOR, FL 34683		_ ■ Remove
				_□ Change
MGR	LY II. PHAM	2799 JARVIS CIR, PALM		_□ Add
		HAROBR, FL 34683		_ ■ Remove
				_□ Change
MGR	NGOAN C. PHAM	14825 HIDDEN OAKS CIR		_ ■ Add
		CLEARWATER, FL 33764		_□ Remove
				.□ Change
MGR	AN VO	14825 HIDDEN OAKS CIR		_ □ Add
		CLEARWATER, FL 33764		_□ Remove
				_□ Change
				_□ Add
				_□ Remove
				□ Change
				_□ Add
			·	□ Remove
				□ Change

	DIVISERE
	18 JAN 12 PM
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·	
	
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicabl	
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier (
ne 90th day after the record is filed.	
ed 1.10.2018	<u>.</u> •
Signature of a member or authorize	Phan
TUYFN T	Phaw name of signee

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Filing Fee: \$25.00