

L15000092074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000307533130

01/12/18--01011--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 1:13

K. SALY
JAN 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insytle 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:

Tuyen T. Pham

Name of Person

Insytle Nails, LLC.

Firm/Company

33199 US 19 NORTH

Address

PALM HARBOR, FL 34684

City/State and Zip Code

INSTYLENAILSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

TUYEN T. PHAM

714 471-8614

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 1:13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 1:13

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TUYEN T. PHAM	2799 JARVIS CIR. PALM	<input type="checkbox"/> Add
		HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LY H. PHAM	2799 JARVIS CIR. PALM	<input type="checkbox"/> Add
		HAROB, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGOAN C. PHAM	14825 HIDDEN OAKS CIR	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AN VO	14825 HIDDEN OAKS CIR	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33764	<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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 1:13

E. Effective date, if other than the date of filing: _____ (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 1.10.2018

Tuyen T. Pham

Signature of a member or authorized representative of a member

TUYEN T. Pham

Typed or printed name of signee