

L1600013275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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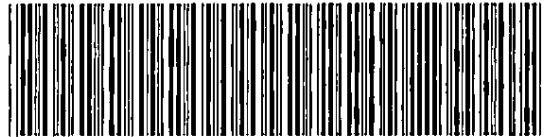
(Business Entity Name)

(Document Number)

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2023 JUN -2 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRO TECH 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:

CABRERA, SANTOS

Name of Person

Firm/Company

28 RUSSMAN LN

Address

PALM COAST, FL 32164

City/State and Zip Code

protechnailsdeltona@gmail.com

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

For further information concerning this matter, please call:

CABRERA, SANTOS

Name of Person

at (689) 292-3769

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PRO TECH NAILS, LLC

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

FILED  
2023 JUN -2 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/13/20 assigned  
Florida document number L16000132275.

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)

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:

CABRERA, SANTOS

New Registered Office Address:

28 RUSSMAN LN

Enter Florida street address

PALM COAST

City

Florida 32164

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	VO THANH T.	1235 PROVIDENCE BLVD	<input type="checkbox"/> Add
		STE L	<input checked="" type="checkbox"/> Remove
		DELTONA, FL 32725	<input type="checkbox"/> Change
AMBR	CABRERA, SANTI	1235 PROVIDENCE BLVD	<input checked="" type="checkbox"/> Add
		STE L	<input type="checkbox"/> Remove
		DELTONA, FL 32725	<input type="checkbox"/> Change
AMBR	LE, XUAN AN, T.	1235 PROVIDENCE BLVD	<input checked="" type="checkbox"/> Add
		STE L	<input type="checkbox"/> Remove
		DELTONA, FL 32725	<input type="checkbox"/> Change
MGR	TRAN THI THU HUNG	10343 ANDOVER POINT CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input checked="" 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

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2023 JUN -2 PM 12:5  
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TALLAHASSEE, FLORIDA

FILED  
2023 JUN -2 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

Which  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee