

LINDOLRITK

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

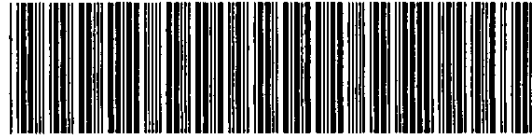
(Document Number)

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SECRETARY OF STATE  
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SECRETARY OF CORPORATIONS  
2017 JUN 28 PM 2:47

N. CAUSSEAU

~~JUN 21 2017~~

July 5, 2017

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: AVANTI 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:

NGHIA NGUYEN.

Name of Person

AVANTI SOLUTIONS

Firm/Company

3650 N FEDERAL HWY., SUITE A

Address

LIGHTHOUSE POINT, FL 33064

City/State and Zip Code

mrfine00@yahoo.com

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

For further information concerning this matter, please call:

NGHIA NGUYEN

954

4648270

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2017

NGHIA NGUYEN  
AVANTI SOLUTIONS  
3650 N FEDERAL HWY., SUITE A  
LIGHTHOUSE POINT, FL 33064

SUBJECT: AVANTI NAILS LLC  
Ref. Number: L17000121776

We have received your document for AVANTI NAILS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 417A00012548

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

AVANTI NAILS LLC

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

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on JUNE 05, 2017 and assigned

Florida document number L17000121776

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: NGHIA NGUYEN

New Registered Office Address: 3650 N FEDERAL HWY., STE A

*Enter Florida street address*

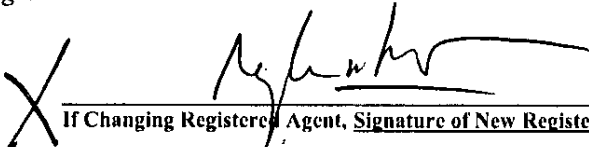
LIGHTHOUSE POINT, Florida 33064

*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	NGHIA NGUYEN	3650 N FEDERAL HWY, STE A	<input type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANH LAM	3650 N FEDERAL HWY., STE A	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2011 JUN 28 PM 2:47

(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:

Dated JUNE 15 2017

Signature of a member or authorized representative \_\_\_\_\_

Signature of a member or authorized representative of a member

NGHIA NGUYEN

Typed or printed name of signee