L17000121776

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

. Registration So Division of Cor			
AVANTIN	NAILS LLC		
JUBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NGHIA NGUYEN		
		Name of Person	
	AVANTI NAILS LLC		
		Firm/Company	
	3650 N FEDERAL HWY.	, STE A	
		Address	
		City/State and Zip Code	
	LIGHTHOUSE POINT, FL		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
NGHIA NGUYEN		954 4648270 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

AVANTI NAILS LLC		
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/01/2018	and assigned
Florida document number L17000121776	<u></u> .	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		···
(Principal office address MUST BE A STREET AD	DRESS)	
		SECRETARY OF STATE DIVISION OF CORPORATION 18 HAY -0, AM 5: 24
Enter new mailing address, if applicable:		D SERV
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>55 % % % % % % % % % % % % % % % % % % </u>
D. If any ordinary the anxion and any of any of	internal of Constitution of the Constitution o	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the nev
	· · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	
	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>	Address	Type of Action
VP	NGHIA M NGUYEN	3650 N. FEDERAL HWY., STE A	■ Add
		LIGHTHOUSE POINT, FL 33064	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
	_		Remove
			Change
			D Add
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			Change
		*	Remove
			☐ Change
		Mark to the state of the state	□ Add
			□ Remove
			Change

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ective date, if other than	the date of filing:	(optional)
effective date is listed, the date	the date of filing: must be specific and cannot be prior to date of filing or more the s block does not meet the applicable statutory filing requ	an 90 days after filing.) Pursuant to 605.020
	e Department of State's records.	interiend, this date with not be listed to
record specifies a del he 90th day after the	yed effective date, but not an effective time, record is filed.	at 12:01 a.m. on the earlier of
ed MAY I	2018	
ea		
	1 /101/	

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Typed or printed name of signee

Filing Fee: \$25.00