

L17 000 163531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

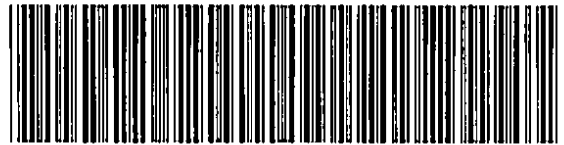
(Business Entity Name)

(Document Number)

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FILED
2021 OCT 26 PM 3:58
CLERK OF SUPERIOR COURT
JULIA A. GREGG

A. BUTLER

NOV 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECRET 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:

Nga Nguyen

Name of Person

SECRET NAILS LLC

Firm/Company

2722 Millican Dr

Address

ORLANDO, FL 32817

City/State and Zip Code

Nga_nguyen1902@yahoo.com

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

For further information concerning this matter, please call:

Nga

Name of Person

Nguyen

at

(814)

Area Code

882-4844

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 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**

SECRET NAILS LLC

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

FILED
2021 OCT 26 PM 3:59

The Articles of Organization for this Limited Liability Company were filed on 08/01/2017 and assigned
Florida document number L17000163531.

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:

2722 Millican Dr

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32817

Enter new mailing address, if applicable:

2722 Millican Dr

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32817

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:

New Registered Office Address:

2722 Millican Dr

Enter Florida street address

ORLANDO

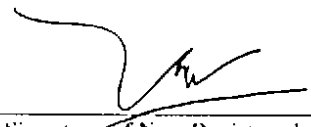
City

Florida 32817

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	Nga Nguyen	2722 Millican Dr	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thi Thu Hien Nguyen	2722 Millican Dr	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please help to remove Thi Thu Hien Nguyen. She is not a Authorized person or registered agent any more

The only person authorizes for the business is Nga Nguyen

The principal address, mailing address and registered agent address is 2722 Millican Dr, ORLANDO, FL 32817


E. Effective date, if other than the date of filing: 09/01/2021 **(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 10/08/2021



Signature of a member or authorized representative of a member

Thi Thu Hien Nguyen

Typed or printed name of signee