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7/12/21



COVER LETTER

TO:

	gistration Sec vision of Corp			
eub irot		AILS AND SPA LLC		
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		PHUC NGUYEN		
			Name of Person	
		GREAT NAILS AND SPA	A LLC	
			Firm/Company	
		16739 FISHHAWK BLVU)	
			Address	
		LITHIA, FL 33547		
			City/State and Zip Code	
		chauphuc1977@yahoo.com		
			to be used for future annual report not	meanon)
For further	information co	oncerning this matter, please co	all:	
PHUC NGUYEN		813 657-6597 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne 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:		Street Address: Registration So	ection	
Registration Section Division of Corporations			Division of Co	
P.	O. Box 632	7	The Centre of	
T:	allahassee. I	rL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT NAILS AND SPAILLC		
(Name of the Limited Liability Company (A Florida Limited Lia	sas it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company with Markov $\frac{L17000183800}{L17000183800}$.	ere filed on 08/28/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	v Company," the designation "LLC" or	the abbreviation "L.L.C."
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 ad agent and/or the new registered office address here:	dress on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	€1	l

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.

City

Zip Code

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
AMBR	TAM NGUYEN THANH LE		□Add
		10720 Carloway Hills Dr. Wimauma, FL 33598	■Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			Remove
			□ Change

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Note: If the da	, if other than the e is listed, the date mus te inserted in this ble ective date on the Do	ock does not	: meet the ap	plicable statu	iling or more t tory filing red	(op han 90 days aff quirements, t	tional) der tiling.) Pursi his date will r	uant to 605.02 not be listed
	es a delayed effectiv	e date, but no	ot an effecti	ve time, at 12	:01 a.m. on th	ne earlier of:		
•	•							
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d is filed.	05/29/2021						[2]	37 11.
d is filed.	05/29/2021			 .			[2: '.	
e record specific d is filed. Dated	05/29/2021		a member or	authorized repr	esentative of a	member	<u>.</u>	

Filing Fee: \$25.00