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# **COVER LETTER**

Division of Corporations	
JBJECT: Glam Nails  Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Khoi Phan Name of Person	
Glam Nails Firm/Company	
903 Begl Pkuy NW Unit C	
Final address: (to be used for future annual report notification)	
r further information concerning this matter, please call:	
Khoi Phan at (850) 225"-1584  Name of Person  at (850) Daytime Telephone Number	
sclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Glar	n Nails		<del></del>	
(Name of the Limited (A	Liability Company as Florida Limited Liabilit	t now appears on our reco y Company)	ords.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 17000192</u>	oility Company were 497.	filed on <u>09/19</u>	$\frac{5}{2017}$ and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability o	ompany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the designation "L	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		S 8 71	
			2 2 [	
Enter new mailing address, if applicable:			三三四	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	Q		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office :	address on our reco	rds, enter the name of the no	
Name of New Registered Agent:	Khoi	Phan		
New Registered Office Address:		Enter Florida street ada	least	
		Zuy	Florida	
			-	

### 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>Address</u> Title <u>Nam</u>e **Type of Action** ☐ Remove Change □ Add □ Remove \_□ Change □ Change [T] ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change

, II amem	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	SIGN 8 TI
	ω L
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
(f the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	- <u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00