

L17000 192 492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

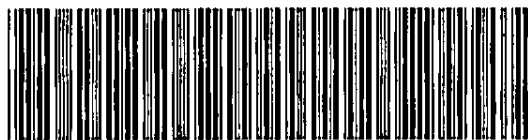
(Document Number)

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FILED
2020 FEB 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE FL

O SIMMONS
FEB 26 2020



2020 FEB 25 PM 4:34

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2020

DUY PHAN
903 BEAL PKWY NW
UNIT C
FT WALTON BEACH, FL 32547

SUBJECT: GLAM NAILS LLC
Ref. Number: L17000192492

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00002471



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2020

DUY PHAN
903 BEAL PKWY NW
UNIT C
FT WALTON BEACH, FL 32547

SUBJECT: GLAM NAILS LLC
Ref. Number: L17000192492

We have received your document for GLAM NAILS LLC and your check(s) totaling \$55.00. 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00000801

2020 FEB -3 PM 1:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLAM NAILS
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Duy Phan
Name of Person

GLAM NAILS
Firm/Company

903 Beal PKwy NW unit C
Address

fort walton Beach FL 32547
City/State and Zip Code

Dr-Duy-Phan@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Duy Phan at (714) 622-9448
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

GLAM NAILS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9-15-2017 and assigned Florida document number L17000192492

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:

Duy PHAN

New Registered Office Address:

Same Address

Enter Florida street address

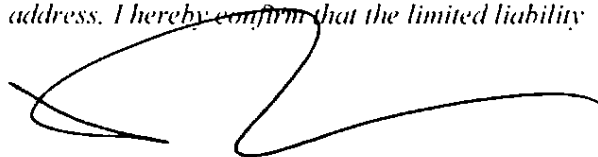
Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Khoi PHAN	903 Beal PKwy NW unit C	<input type="checkbox"/> Add
		Fort Walton Beach FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Duy PHAN	903 Beal PKwy NW unit C	<input checked="" type="checkbox"/> Add
		Fort Walton Beach FL	<input type="checkbox"/> Remove
		32547	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
2020 FEB 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322 UCBAW

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.

Dated

Duy Phan
Typed or printed name of signee

Duy Phan