# 118000094216

(Re	questor's Name)	
(Ad	dress)	
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,	,	
	ulCtate (Zin/Dhana #	
(Clī	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
·	cument Number)	
(50	cament Namber)	
Certified Copies	_ Certificates of	Status
Special Instructions to		
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Office Use Only



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18 SEP 20 PH 5: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 22 2018 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor				
LONGKHA	ANH LLC			
SUBJECT:	Name of Limi	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:		
	LONG LE			
		Name of Person		•
	LONGKHANH LLC			
		Firm/Company		-
	20201 BACHMANN BLV	/D		
		Address	<del>;</del>	A 60
	PORT CHARLOTTE FL	33954		智用
		City/State and Zip Code		FILED SEP 20 PM 5: 08 MASSLE FLURIDA
	E-mail address: (	to be used for future annual report notifi	cation)	THE PERSON
For further information of	concerning this matter, please ea	all:		03.08 03.08 03.08
LONG LE		404 3940246 at ( )		F
Name	of Person	Area Code Daytime	Telephone Numbe	r
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)	Certified	ate of Status &

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

### **GALAXY NAILS & SPA III 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 Liabi Florida document number L18000094216	lity Company v	vere filed on	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liabil	ity company here:	
LONGKHANH LLC			
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	20201 BACHMANN BL	VD
(Principal office address MUST BE A STREET ADDRESS)		PORT CHARLOTTE FL 33954.	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>'X')</u>	20201 BACHMANN BL PORT CHARLOTTE FL	
B. If amending the registered agent and/or registered agent and/or the new registered office	~		cords, enter the name of the new
	LONG LE		
New Registered Office Address:	20201 BACHMANN BLVD		
new registered office reduces.		Enter Florida street o	nddress
	PORT CHARLO	OTTE	Florida <u>33954</u>
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

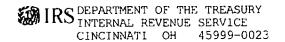
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		PORT CHARLOTTE FL 33954	
		PORT CHARLOTTE PL 33954	7.0
			Remove
			Change
	HIEP VAN	311 WATERSIDE ST	Change
MGR			□ Add
		PORT CHARLOTTE FL 33954	
			Remove
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MCD	LONG LE	20201 BACHMANN BLVD	
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EIN 83-1919975	( See attached)		
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	at the CONT		(antional)
ective date, if other than reffective date is listed, the date	must be specific and cannot be prior to de	ate of filing or more than 90 d	_ (optional) lays after filing.) Pursuant to 605.02
te: If the date inserted in th	is block does not meet the applicable	statutory filing requireme	ents, this date will not be listed
cument's effective date on t	ne Department of State's records.		
	d effective data but act a	n offactiva time. at 1	2.01 a.m. on the earlier
record specifies a deli The 90th day after the	iyed effective date, but not all record is filed.	ii ellective tille, at 1	2.01 a.m. on the currier
1ed	2018		
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	\ () \		
	Signature of a member or authorize	d representative of a membe	ī

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



Date of this notice: 09-17-2018

Employer Identification Number:

83-1919975

Form: SS-4

Number of this notice: CP 575 B

LONGKHANH LLC NOIRE THE NAIL BAR % LONG LE MBR 20201 BACHMANN BLVD PT CHARLOTTE, FL 33954

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-1919975. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553 Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the interest, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

NORIDA LORIDA