1180001284/66

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(Address)
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(Business Entity Name)
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SECRETARY OF STAND

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COVER LETTER

то:	Registration Sec Division of Corp			
CUDARA	PRO NAILS	S LLC		
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		PHONG TRUONG		
			Name of Person	<u> </u>
		PRO NAILS LLC		
			Firm/Company	
		13650 FIDDLESTICKS	BLVD STE 107	
			Address	
		FORT MYERS FL 33912	2	
		-	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
PHON	G TRUONG		239 5610262 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO NAILS LLC					
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 05/22/2018 Florida document number L18000128466					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:				
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		8			
Principal office address MUST BE A STREET ADDRES	<u></u>	JUN 29			
Enter new mailing address, if applicable:		AM 124			
(Mailing address MAY BE A POST OFFICE BOX)		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>			
3. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		nter the name of the i			
New Registered Office Address:	Enter Florida street address				
	571 • •	1-			
	Florid	aZip 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>	Address	Type of Action
MGR	CANH HOANG	3304 W CARACAS ST	■ Add
		TAMPA FL 33614	5 0
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			Add
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ctive date, if other than th	e date of filing:	(optional)	
If the date inserted in this !	ast be specific and cannot be prior to date of block does not meet the applicable status Department of State's records.	filing or more than 90 days after filing.) Pursua atory filing requirements, this date will no	int to 605. It be liste
ecord specifies a delaye ne 90th day after the re		fective time, at 12:01 a.m. on the	e earlie
06/25 d	2018		
	Calla		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Date of this notice: 06-25-2019

Employer Identification Number:

83-1018004

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us and 1-800-829-4933

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

PRO NAILS LLC CANH HOANG SOLE MBR 13650 FIDDLESTICKS BLVD STE 107 FORT MYERS, FL 33912

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned y^{\pm} . EIN 83-1018004. 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 imports 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 ever 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.

A limited liability company (LLC) may file Form 8832, Entity Classification Elect. . 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 election 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 F 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 Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on \oplus, \oplus your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write tus at the address shown at the top of this notice. If you write, please tear off the state at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PRON. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.