

L18000130911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

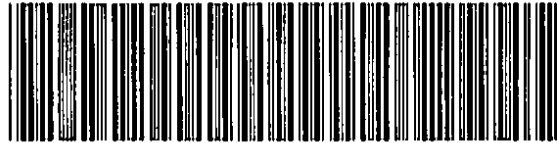
(Business Entity Name)

(Document Number)

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2/4/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORGANIC NAIL BAR AT LAKE NONA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHONG TRAN

Name of Person

ORGANIC NAIL BAR AT LAKE NONA, LLC

Firm/Company

12835 NARCOOSSEE RD., SUITE 102

Address

ORLANDO, FL 32832

City/State and Zip Code

TIMFL22003@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHONG TRAN

407

668-9848

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ORGANIC NAIL BAR AT LAKE NONA, 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 05/25/2018 and assigned
Florida document number L18000130911.

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)

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2020 DEC 23 PM 2:30

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

By 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>
VP	DUNG HO	8859 RANDAL PARK BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIM KHANH LE	13232 Oulton Cir	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BICH VAN THI TRAN	15919 OAK SPRING DR	<input type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
GR	PHONG TRAN	10828 Savona Way	<input type="checkbox"/> Add
		Orlando, FL 32827	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
IBR	QUYNH LIEN THI NGUYEN	14261 Queenside St	<input type="checkbox"/> Add
		Orlando, FL 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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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 DECEMBER 21 / / 2020

Three

Signature of a member or authorized representative of a member

PHONG TRAN

Typed or printed name of signee

Filing Fee: \$25.00