

L18000141241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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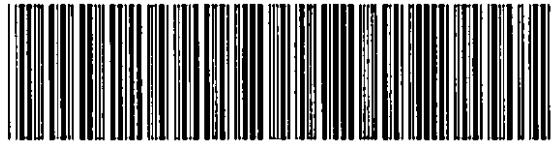
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIMMONS

JUL 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOIRE THE NAIL BAR PALM CITY 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:

NHUNG THI-CAM NGUYEN

Name of Person

Firm/Company

3999 NW CINNAMON CIR

Address

JENSEN BEACH, FL 34957

City/State and Zip Code

NHUNGEM@YAHOO.COM

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

For further information concerning this matter, please call:

NHUNG THI-CAM NGUYEN

770 881-0531
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NOIRE THE NAIL BAR PALM CITY 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 06/07/2018 and assigned
Florida document number L18000141241.

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.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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18
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TALLAHASSEE, FLORIDA

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: NHUNG THI-CAM NGUYEN

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
CityZip 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>
MGR	PHAN, CECILIA, PHD	5003 58TH TER E	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	TRAN, CHRISTIAN	5003 58TH TER E	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NHUNG THI-CAM NGUYEN	3999 NW CINNAMON CIR	<input checked="" type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

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JUL 26 PM 12:06
18
SECRET: RM OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 24, 2018

Signature of a

Signature of a member or authorized representative of a member

NHUNG THI-CAM NGUYEN

Typed or printed name of signee