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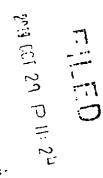
(Red	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor		•		
SUBJEC		E ORGANIC NAILS & SPA E	BY PD LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		GIANG PHAM			
		SUNSHINE ORGANIC N	Name of Person FAILS & SPA BY PD LLC		27.50
		7811 TEMPLE TERRACI	Firm/Company E HWY		1-11-15 278 FCT 27 F
		TAMPA, FL 33637	Address		D = 21
		NHUTRAMTRAVEL@GN	City/State and Zip Code MAIL.COM		
		E-mail address: (to be used for future annual report notifi	cation)	
For furthe	er information c	oncerning this matter, please c	all:		
DENISE	VU		813 732 - 6446		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	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 Sta Certified Copy (additional copy is ea	itus &

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

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

SUNSHINE ORGANIC NAILS & SPA BY PD LLC

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L18000215365	y were filed on 09/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		5 5
Enter new mailing address, if applicable:	 	***
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our recor	ds, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	1	Florida
New Registered Agent's Signature, if changing Registered Agent		Florida Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, (provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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
AMBR	LUONG T DUONG	7920 25TH AVE N ST. PETERSBURG, FL 33710	Add
			■ Remove
			Change
			Add
			Remove
			Change Change
			PAdd 17
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be p	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's recor	plicable statutory filing requirements, this date will not be listed rds.
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
ed OCTOBER 24TH / 2018	
)/

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00