118000236884

(F	Requestor's Name)	
	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
J)	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of Stati	us
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COVER LETTER

	Registration So Division of Cor			
, etto 1122''	17.	ERS NAIL BAR, LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	ondence concerning this matter	to the following:	
		ANNA NGOC ANH TRU	ONG	
		NB PAMPERS NAIL BAI	Name of Person	
			Firm/Company	
		6024 NORHT 9TH AVE SUITE I		
		PENSACOLA, FL 32504	Address	
		aastrans@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further	r information c	oncerning this matter, please ca	all:	
Angie Hav	wker		850 497-5843 at ()	
•	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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:

TO:

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

FILED

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NB PAMPERS NAIL BAR, LLC			CONTRACTOR OF CUTATOR
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	is it now appears on our records. dity Company)	FALLANASSEE, FL
The Articles of Organization for this Limited I	Liability Company we	re filed on 10/05/2018	and assigned
Florida document number L18000236884			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>		
	-		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	_		
B. If amending the registered agent and registered agent and/or the new registered of		address on our records,	enter the name of the new
Name of New Registered Agent:	Anna Ngoc Anh Tr	ແບກg -	
New Registered Office Address:	905 E. Johnson Ave	2 Apt. A	
		Enter Florida street address	
	Pensacola	r.s	32514

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.

Cin

HANKE MUSICS
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>	Type of Action
MGR	Anna Ngoc Anh Truong	905 E. Johnson Ave, Apt A. Pensacola, FL 32514	
			☐ Remove
			Add
			Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			□ Change
			□ Remove
			Change
			Remove
			☐ Change

•	,
	tive date, if other than the date of filing:
Note:	ffective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	10/29/2018
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Angie Hawker

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Typed or printed name of signee

Filing Fee: \$25.00