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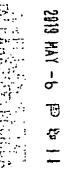
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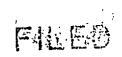
TO:	Registration Sec Division of Corp			
e110 Hz	OMNIA NA	ILS & SPA	,	•
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		PHUONG T NGUYEN		
			Name of Person	· <u>······</u> ·
		1704 W 68TH ST	Firm/Company	
		HIALEAH, FLORIDA 330	Address	-
		TIENNGUYENFASHION@	~	
For furt	her information co	E-mail address: () meerning this matter, please ca	to be used for future annual report notifi	ication)
	RG T NGUYEN	sicerning and matter, prease co	407 5771259	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	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



OMINA NAILS SPA LLC

(Name of the Limited Liability Company as it now appears on our resulting 1 - 5 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on MAY	1. 2019 1 Arthur Land assigned
Florida document number L18000282026		the transfer and distinct
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here	:
OMNIA NAILS SPAILLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-1-7	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of Naw Pagistered Approximately	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance of my	v duties, and I am familiar with and

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
AMBR	PHUONG T NGUYEN	1704 W 68TH ST HIALEAH, FLORIDA 33014	■ Add
			□ Remove
			☐ Change
		 	Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
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Effective date, if other than the (If an effective date is listed, the date monotone). If the date inserted in this bedocument's effective date on the line	ist be specific and cannot be prio block does not meet the appli	r to date of tiling or more than 9 cable statutory filing require	(optional) 10 days after filing.) Pursuant to 605,020 ments, this date will not be listed a
the record specifies a delayed) The 90th day after the re		ot an effective time, at	: 12:01 a.m. on the earlier
Dated MAY 2	. 2019	—· <i>/</i>	
	Signature of a member or auti	norized representative of a men	ber
PHUONG T NGUYE			
		ted name of signee	···

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Filing Fee: \$25.00