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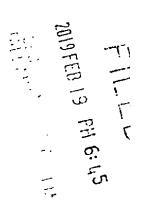
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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Amend

FEB 22 2019 I ALBRITTON

COVER LETTER

		stration Section of Corp		-				
SUBJEC		GLOSS NA	IL GROUP LLC					
SUBJEC	- ii _		Name of Limi	ited Liability Company				
The encl	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn a	ill correspor	ndence concerning this matter	to the following:				
			HAI-UYEN MCGEE					
				Name of Person				
				Firm/Company				
		4866 Big Island Drive # 3						
			Jacksonville FL 32246	Address				
			haiuyen.mcgee@gmail.com	City/State and Zip Code				
For furth	er inf	ormation co		-	ification)			
Hai-Uye			meeting this matter, piedse et	(904 608-6979				
Name of Person		Person	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: I-UYEN MCGEE Name of Person Firm/Company 66 Big Island Drive # 3 Address ksonville FL 32246 City/State and Zip Code yen.mcgee@gmail.com E-mail address: (to be used for future annual report notification) ng this matter, please call: at (
Enclosed	l is a c	check for the	e following amount:					
\$25.0	00 F il	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

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

TO **OF**

ARTICLES OF ORGANIZATION

2019 FEB 19 PH 6: GLOSS NAIL GROUP LLC

pany as it now appea I Liability Company)	rs on our records.)	777	
y were filed on	01/09/2019	and assigned	
(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			
<u>bility company h</u>	<u>ere</u> :		
bility Company," the	designation "LLC" or the	abbreviation "L.L.C."	
4866 Big Island	4866 Big Island Drive Ste 3		
Jacksonville F1, 32246			
4668 TOWN C	CROSSING DR STE 12	5	
JACKSONVII	J.E.FL 32246		
ere:	orida street address	r the name of the	
City	, Florida _	Zip Code	
	bility company h bility Company," the 4866 Big Islan Jacksonville Fl 4668 TOWN C JACKSONVII office address ofere: Enter Fle	ability company here: bility Company," the designation "LLC" or the: 4866 Big Island Drive Ste 3 Jacksonville FL 32246 4668 TOWN CROSSING DR STE 12 JACKSONVILLE FL 32246 Enter Florida street address Florida	

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 wit 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRANG LE	4866 Big Island Drive Ste 3	■ Add
	N .	Jacksonville F1, 32246	☐ Remove
			☐ Change
MGR	LOC NGUYEN	4866 Big Island Drive Ste 3	
		Jacksonville Fl. 32246	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
		- <u></u>	□ Remove
			☐ Change

PLEASE ADD TO FILE FE	IN: 83-3140280			<u>.</u> .	
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b	e date of filing: st be specific and cam lock does not meet	the applicable stat	f filing or more than utory filing requir	(optional) 90 days after filing.) Prements, this date will	irsuant to 605.02 I not be listed
document's effective date on the E	repartment of State	s records.			
e record specifies a delaye The 90th day after the rec	d effective date ord is filed.	e, but not an ef	fective time, a	it 12:01 a.m. on	the earlier
FEBRUARY 7	2	019			
x dan	Signature of a mem	ber or authorized rep	presentative of a me	mber	
·	inguatore or a mem	mer or administred to	Accendance of a file	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HAI-UYEN MCGEE					
	Тур	ned or printed name of	of signee		

Page 3 of 3

Filing Fee: \$25.00