

L190000 10925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

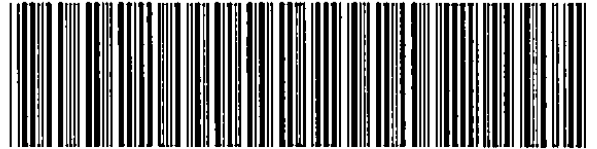
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/19--01025--030 **25.00

FILED
2019 FEB 19 PM 6:45

Amend

FEB 22 2019

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOSS NAIL GROUP 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:

HAI-UYEN MCGEE

Name of Person

Firm/Company

4866 Big Island Drive # 3

Address

Jacksonville FL 32246

City/State and Zip Code

haiuyen.mcgee@gmail.com

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

For further information concerning this matter, please call:

Hai-Uyen McGee

(904

608-6979

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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2019 FEB 19 PM 6:
SEC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.19000010925

A. If amending name, enter the new name of the limited liability company here:

Jacksonville Fl. 32246

JACKSONVILLE FL 32246

Zip Code

Page 1 of 3

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	TRANG LE	4866 Big Island Drive Ste 3	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOC NGUYEN	4866 Big Island Drive Ste 3	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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PLEASE ADD TO FILE FEIN: 83-3140280

2/07/2019

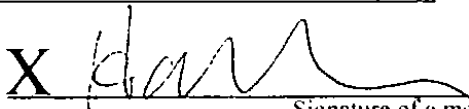
E. Effective date, if other than the date of filing: _____ **(optional)**

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

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 FEBRUARY 7, 2019

X 

Signature of a member or authorized representative of a member

HAI-UYEN MCGEE

Typed or printed name of signee