

L19000044765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

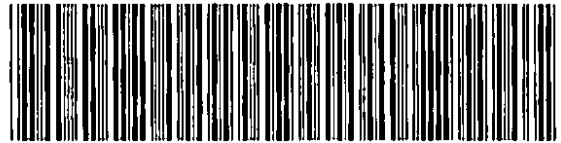
(Business Entity Name)

(Document Number)

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05/29/13--01036--027 **25.00

FILED

2013 MAY 29 PM 13

MAINE SECRETARY OF STATE

JUN 1 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMILY NAILS AMOUR 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:

THAO THI THU TRUONG

Name of Person

FAMILY NAILS AMOUR LLC

Firm/Company

3753 NW 167TH STREET SUITE 103

Address

MIAMI GARDENS, FLORIDA 33055

City/State and Zip Code

THAOTRUEONG0908@GMAIL.COM

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

For further information concerning this matter, please call:

THAO TRUONG

954

536-5646

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FAMILY NAILS AMOUR LLC

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

2019 MAY 29 P 12:13

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 13, 2019 and assigned
Florida document number L19000044765 TALLAHASSEE, FL 32309

This amendment is submitted to amend the following:

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

(NOT APPLICABLE)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3753 NW 167TH STREET SUITE 103

(Principal office address MUST BE A STREET ADDRESS)

MIAMI GARDENS, FL 33027

Enter new mailing address, if applicable:

3753 NW 167TH STREET SUITE 103

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI GARDENS, FL 33027

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

(NOT APPLICABLE)

New Registered Office Address:

(NOT APPLICABLE)

Enter Florida street address

Florida

City

Zip Code

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.

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>	<u>Type of Action</u>
MGR	Phuong Van Nguyen	7513 Arthur St Hollywood, FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katelyn Huong Vo	13212 SW 54th Ct Miramar, FL 33027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

04/01/2019

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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 5/22/19, _____


Signature of a member or authorized representative

Thao Thi Thu Truong

Typed or printed name of signee