

L1900008951Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 DEC 23 PM 1:27

FILED

DEC 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

TREASURY NAILS LOUNGE 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:

DARWIN ROLLE

Name of Person

Firm/Company

2448 Westmonte Place

Address

Royal Palm Beach FL 33411

City/State and Zip Code

DRolle01@hotmail.com

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

For further information concerning this matter, please call:

Darwin Rolle

Name of Person

at (954)

Area Code

805-3691

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TREASURY NAILS LOUNGE LLC

(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 04-01-2019 and assigned Florida document number L19000089512

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2968 NW FEDERAL HWY
JENSEN BEACH FL 34957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2448 WESTMONT PLACE
ROYAL PALM BEACH FL 33411

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:

Dorwin F. Rolie

New Registered Office Address:

2968 NW Federal Hwy

Enter Florida street address

Jensen Beach

City

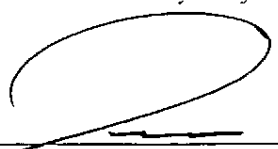
Florida

34957

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

Title	Name	Address	Type of Action
PRES	DORWIN F. ROLLE	2448 Westmont PL Royal Palm Bch FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	LE, THAO TRAN LINH	2500 VICARA CT. Royal Palm Bch 33411	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	NGO, MANH T	344 SW. DE GOUVEN Terr Port Saint Lucie FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Authorized mbr	PHUNG, HUONG T	344 SW DE GOUVENA Terr Port Saint Lucie FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

I Dorwin F. Rolle Accept &
Assume 100% ownership and responsa
bilities of 16017 Treasury Nails Lounge LLC.
For any questions or concerns I can
be reached at (954) 805-3691
Thank you.
Dorwin F. Rolle

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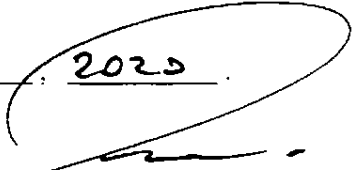
E. Effective date, if other than the date of filing: October 24th 2020 (optional)

(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 November 13th 2020


Signature of a member or authorized representative of a member

DORWIN F. ROLLE
Typed or printed name of signee