L19000101656

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	
(City/State/Zip/Phone #)	(Address)	
(City/State/Zip/Phone #)	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)	
(Document Number)		
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)	
Special Instructions to Filing Officer:	(Document Number)	
	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer:	
	Office Use Only]



12/14/20--01017--005 **25.00

1/23/21

FILED 2020 DEC 14 PH 12: 21

COVER LETTER

TO: Registration Section Division of Corporations

.

: *

ι

SUBJECT: <u>NINI NAIL ATID SPA LLC</u> 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:

TIGUYEN BUI Name of Person Firm/Company BLVD #1204, ORCAHDO 32829 Address 10177 LEE VISTA City/State and Zip Code FO @ MININAIL . Cam . E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _____at (<u>521</u>) <u>626 7656</u> Area Code Daytime Telephone Number HGWEH BUI Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

TIMI NAILS AND	SPA LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ay as it now appears on our records.</u>) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>64 12 2019</u>	_ and assigned
Florida document number <u>L 19600101 656</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
	a state of the sta	uintion "I I C "
The new name must be distinguishable and contain the words "Limited Liability	ity Company, the designation "LLC of the abbre-	vianon L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		20
		20 0
Determined the statement of applicables		ĒΠ
Enter new mailing address, if applicable:		

(Mailing address MAY BE A POST OFFICE BOX)

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:	NGWEN VINH	BUI
New Registered Office Address:	10.177 LEE VISTA <u>F</u> Enter Florida :	5 <u>L ~ D # 2204</u>
	ORLAHDO City	Florida <u>22829</u> 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.

e

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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	LE T CHUME.		
		# 2204, ORLAMDO FL 3	2329 □Remove
			🖗 Change
<u></u>			🗆 Add
			🗆 Remove
			OChange
			The first state of the first sta
			(] Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			🖾 Remove
			□Change

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

<u> </u>
20
2020 DEC
ž
 T
—
PH 12: 21

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 12/10/2020 Signature of a prember or authorized representative of a member HGUYEH bui[°] Typed or printed name of signee

Elling East \$25.00