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COVER LETTER

	gistration Sec vision of Corp				
	E - NAILS S	ALON LLC			
SUBJECT	:	Name of Limite	ed Liability Company		
The enclose	ed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please retu	n all correspor	dence concerning this matter to	o the following:		
		ти но			
			Name of Person		•
		E - NAILS SALON LLC			
Firm/Company					-
	13900 COUNTY ROAD 455 UNIT 114				
	Address				-
		CLERMONT, FL 34711			
			-		
		TUHO1010@GMAIL.COM			
		E-mail address: (to	o be used for future annual repo	rt notification)	
For further	information co	oncerning this matter, please ca	ll:		
TU HO			321 917-39 at ()		
	Name of	Person	Area Code I.	Daytime Telephone Numbe	г
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ate of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E - NAILS SALON LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	.)		
The Articles of Organization for this Limited Liability Company	were filed on JUNE 25, 2019		and assi	gned
Florida document number L19000166728				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:			~	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	19	
	 -		10.N	
		¥ .	25	
Enter new mailing address, if applicable:	13900 COUNTY ROAD 455 U	NIT HĘS	Р	
(Mailing address MAY BE A POST OFFICE BOX)	CLERMONT FL 34711	' -		2.1
		<u>-</u>	55	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the	name o	f the nev
New Registered Office Address:	P 12 11			
	Enter Florida street address			
	Flor) Code	
	City	24	Coae	

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>	Type of Action
AMBR	RICHARD TRUONG	13900 COUNTY ROAD 455 STE 114	🗆 Add
		CLERMONT FL 34711	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			Change
			🗖 Add
		<u> </u>	□ Remove
			☐ Change

				
 				
			<u> </u>	
		·		
Effective date, if other than the If an effective date is listed, the date must	date of filing:	ER 28, 2019	(optional) than 90 days after filing.) Put	suant to 605.07
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the app	licable statutory filing r	equirements, this date will	not be listed
ne record specifies a delayed The 90th day after the reco	l effective date, but i ord is filed.	not an effective tin	ne, at 12:01 a.m. on	the earlier
OCTOBER 28	2019	·		
	1 mil	_		
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Filing Fee: \$25.00