

L19000214918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

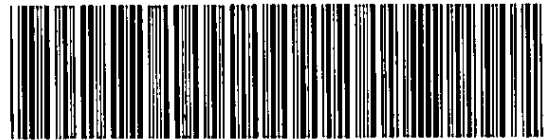
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200362422932

03/23/21--01019--003 **25.00

FILED
2021 MAR 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

US
SP22/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOSSY NAILS & SPA 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:

MARIE TRUONG

Name of Person

Firm/Company

24174 US HWY 27 STE 400

Address

LAKE WALES FL 33859

City/State and Zip Code

GLOSSYSPASERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

MARIE TRUONG

863 399-5789
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 Address:

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

FILED
2021 MAR 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

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

GLOSSY NAILS & SPA 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 08/22/2019 and assigned
Florida document number L19000214918.

This amendment is submitted to amend the following:

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

GLOSSY HAIR AND NAILS LLC

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)

24174 US HWY 27 STE 400

LAKE WALES FL 33859

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24174 US HWY 27 STE 400

LAKE WALES FL 33859

FILED
2021 MAR 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

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:

MARIE TRUONG

New Registered Office Address:

24174 US HWY 27 STE 400

Enter Florida street address

LAKE WALES

City

Florida 33859

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	MARIE TRUONG	24174 US HWY 27 STE 400	<input type="checkbox"/> Add
		LAKE WALES FL 33859	<input 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
			<input type="checkbox"/> Add
			<input 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

FILED
2021 MAR 29 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 MAR 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 MAR 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated MARCH 25 2021

MARIE TRUONG

Typed or printed name of signee

Filing Fee: \$25.00