

L19000 269146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

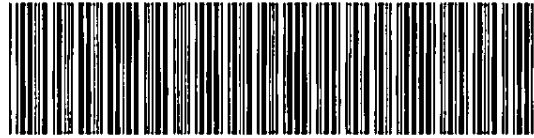
(Document Number)

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12/17/19--01011--004

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
2020 FEB 10 AM 7:44

LCC
Attended

FEB 11 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2020

ANH LAN DIEP
3250 EMERALD POINTE DR APT 103A
HOLLYWOOD, FL 33021

SUBJECT: ALEX NAILS LLC
Ref. Number: L19000269146

We have received your document for ALEX NAILS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT BENEFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 420A00001364

RECEIVED
FEB 11 2020

2020 FEB 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEX NAILS 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:

ANH LAN DIEP
Name of Person

ALEX NAILS LLC
Firm/Company

10338 W. SAMPAR Road
Address

CORAL Springs, FL 33065
City/State and Zip Code

~~0000~~ ALEXNAILS3K@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene RODRIGUEZ Sa at (954) 709-6802
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ALEX NAILS LLC

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

FILED STATE
CLERK OF COURT
2020 FEB 10 AM 7:44
JANUARY 14, 2020

The Articles of Organization for this Limited Liability Company were filed on 10/28/19 and assigned
Florida document number L19006269146

This amendment is submitted to amend the following:

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

~~ALEX 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)

10338 W. Sample Rd
CORAL SPRINGS, FL 33065

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:

Anh Diep

New Registered Office Address:

3380 SE 4th ST

Enter Florida street address

Deerfield Beach

Florida

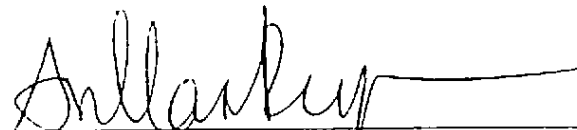
33442

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>
<u>PT</u>	<u>AN Diep</u>	<u>3380 SE 4th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach, FL 33442</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Binh L. Diep</u>	<u>3380 SE 4th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach, FL 33442</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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 1-28-2020.

Bruce C. Dean
Signature of a member

Signature of a member or authorized representative of a member

Binh & Diep

Typed or printed name of signee