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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
D.O NAILS	SLLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VAN NGUYEN			
		Name of Person		
		Firm/Company		
	15250 S TAMIAMI TRL	STE 111		
		Address		
	FORT MYERS FL 3390	8		
	VAN4872@AOL.COM	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information e	oncerning this matter, please c	all:		
VAN NGUYEN		239 2434003		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	·	Street Address:		
Registration S Division of C		Registration S Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, I		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 Kg 20 Kg

D.O NAILS 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 _______ and assigned Florida document number L20000053882 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	NGUYEN, QUY TRONG	8725 PLACIDA RD STE 6	≣ Add
		PLACIDA FL 33946	□Remove
			□Change
			□Add
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific a s block does not	ind cannot be prior t meet the applic	able statutory f	r more than 90 day:	optional) s after filing.) Pursua s, this date will not	nt to 605.02 t be listed
record specifies a delayed effe d is filed.	ctive date, but n	ot an effective t	ime, at 12:01 a.	m. on the earlier	of: (b) The 90th c	lay after th
04/25 Dated		2020	·			
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	Signature of	W7W		tive of a member		

Filing Fee: \$25.00