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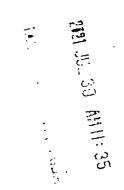
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER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

Registration Section Division of Corporations

	Name of Lir	nited Liability Company	
melosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
* se return all corresp	ondence concerning this matter	r to the following:	
	THANH VAN		
		Name of Person	
	DIAMOND NAILS II BY	LUOM AND THANH LLC	
		Firm/Company	
	317 NE 167TH ST		
		Address	
	NORTH MIAMI BEACH	, FL 33162	
		City/State and Zip Code	
	RN1566@YAHOO.COM		,
		to be used for future annual report noti	heation)
het information o	concerning this matter, please of	all:	
ONH VAN		3057 761-8262	
Name o	of Person	Area Code Daytimo	e Telephone Number
nelesed is a check for t	he following amount:		
825 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 Taliahassee, 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

(Name of the Limited L		
. Pre-Articles of Organization for this Limited Liability Company		and assigned
on document number L21000045032		
samendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
THE ABOVE		
y name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
nter new principal offices address, if applicable:	317 NE 167TH ST	2821
rincipal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, FL 331621	
		· (2)
		7-2-
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		 ယု (()
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sircet address	
	ътет ряония sirvet utaress	
	, Florida _	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the agns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and egy the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is seing 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.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added a moved from our records:

MGR = Manager MBR = Authorized Member

11.2	Name	Address	Type of Action
AMBR	THANH VAN	317 NE 167TH ST	
		NORTH MIAMI, FL 33162	□Remove
			⊞ Change
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		NORTH MIAMI, FL 33162	TRemove
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tive date, if other than the date of fili (Tective date is listed, the date must be specific a	ina cannor ne primi to	date or ming or m	ore than 90 days after	r filing.) Pursuar	
If the date inserted in this block does not ment's effective date on the Department of	t meet the applicab I State's records.	de statutory films	g requirements, thi	s date will not	he listed
ord specifies a delayed effective date, but notified.	ot an effective tim	e, at 12:01 a.m. c	on the earlier of: (t) The 90th d	lay after th
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JUNE 01	2021				
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C. C.	a member or authori		All a commande con		