## LZ1000065960

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
70
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 0/
(0/29/21)
TPh

Office Use Only



400366905804

77 121 01++0.713++0.75 (**\*\***25.35

21 MAY 26 FM 1: 03

## **COVER LETTER**

**Division of Corporations** FIFTH AVENUE NAIL & SPAILLC SUBJECT: \_\_\_ 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: THAO P TONG Name of Person FIFTH AVENUE NAIL & SPAILLC Firm/Company 3916 US HWY 301 S Address RIVERVIEW, FL 33578 City/State and Zip Code ditrutampa@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THAO P TONG 756-6613 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

TO:

Registration Section

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

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 21 MAY 28 FR 1: 03

FIFTH AVENUE NAIL & SPAILLC

(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 v	vere filed on	and assigned
Florida document number L21000065960		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbreviation "L.L.C."
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)		<del></del>
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	ities, and I am familiar with and r 605, F.S. Or, if this document is

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		Address 21 HAY 28 PA 1: 03	
<u>Title</u>	<u>Name</u>	Address 21 HAY 20	Type of Action
AMBR	THAO P TONG	11734 RHODINE ROAD RIVERVIEW, FL 33	3579 
			□Remove
			□Change
AMBR	CHRISTOPHER E MOORE		🗀 Add
		4604 HARVEY AVE TAMPA, FL 33603	■Remove
			□Change
MRG	THAO P TONG		□Add
		11734 RHODINER RD RIVERVIEW. FL 335	79 ■Remove
			□Change
			□ Add
			Remove
			☐ Change
			□Remove
			Change
			🗆 Add

\_\_\_\_\_ □Remove

\_\_\_\_ □Change

	ier information, enter cl			*,		: (* * V	, 4
	·			21	HAY 28	PYI 1:	<b>D</b> 3
			·-				-
			<del></del>		···· <del>-</del>		-
<del></del>			<u> </u>	<del></del>			-
	<del></del> .						-
							_
<del></del>							_
					<del></del>		_
							-
	<u>-</u>	<del></del>					_
							_
							-
							-
		<u> </u>		<del></del>			-
					—		-
							_
							_
f an effective date is listed <b>Note:</b> If the date inser	ner than the date of filing the date must be specific and reted in this block does not reduce on the Department of S	l cannot be prior to neet the applicab	date of filing or mor le statutory filing	e than 90 days af	tional) ter tiling.) Pur his date will	suant to 60 not be lis	5.0207 ted as
record specifies a del d is filed.	layed effective date, but not	an effective time	e, at 12:01 a.m. on	the earlier of:	(b) The 90	th day aft	er the
Pated	May 25	. 2021	. •				
		/1111					
	Signature of a	member or authoriz	zed representative o	f a member		<del></del>	
		Thao P. To	ATI C				
		Typed or printed	-				

Filing Fee: \$25.00