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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	ULTIMATE Name of Limi	NAILS LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Lj.en</u>	H. Dang Name of Person	
		Firm/Company	
	1279 Grena	ch Ave	
	Clearus	ter FL 337 City/State and Zip Code	64
	Lien dang E-mail address	(810 @ ama. 1. to be used for future annual report notif	COW) fication)
For further information co	ncerning this matter, please ca		
Lien H Name of	. Dang Person	at ( <del>727</del> ) <u>687 –</u> Area Code Daytimo	
Enclosed is a check for the	e 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)

TO: Registration Section

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

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number <u>L 2   000 3</u>		were filed on <u>09</u> 7	07/202	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	FILS LL ords "Limited Liabil	C ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		1460 S Clearutut	. Belcher er FL ?	rd
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address	***	address on our reco	rds, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	_Lien	H. Dang		75
New Registered Office Address:	1279	Greneda Enter Florida:	UR street address	P3 W
	_Clearw	oter	Florida	337 E4 Zip Code
Now Pagistared Agent's Signature if changing I	Danistared Ament:			

### 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>	Address	Type of Action
HGR	Loan K. Ngueyen	1279 Grenida ave Cleavu	XAdd)
	7	FL 33764	□Remove
		<del></del>	□Change
HGR Li	Lien H. Dang	1279 Grenada Ave, Clearus	<u>der</u> ⊠Add
	_	FL 33764	□Remove
			□Change
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an eff ote:	ive date, if other than the date of filing:
recor Lis fii	d 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 led.
ated	09/09/2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member