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COVER LETTER

то:	Registration Sectorial Division of Corp.	
SUBJE	СТ:	Garden Mails SPA, LLC Name of Limited Liability Company
The enc	losed Articles of A	mendment and fec(s) are submitted for filing.
Please r	eturn all correspon	dence concerning this matter to the following:
		Cal Vin Tu Name of Person
		Garden Nail Firm/Company
		640 Cypress Garden Blvd
		Address
		Winter Haven FL 33880
		Winter Haven FL 33880 City/State and Zip Code Cardennails 1905 @ gmail. com E-mail address: (to be used for future annual report notification)
For furt	her information co	ncerning this matter, please call:
	alvin	Tu at (315) 416 - 8855
	Name of I	'erson Area Code Daytime Telephone Number
Enclose	d 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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se	

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

FILED

Garder	1 Nails	SPA, L	2022 MAY 27 PM 12: 11
(Name of the Limited Liability (A Florida	y Company as it now apporting the Limited Liability Company	ears on our records.)	SEURETARY OF STAIL TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co		12 22	2021 and assigned
Florida document number <u>L220000020</u>	<u>0</u> 25		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	ted Liability Company," the	e designation "LLC" or t	he abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
	<i>0</i>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	City Agent:		Хф (.ode

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thien T Nguyen	401 Fish Hawk Dr. FL 3388	en; 4 WAdd
			□Remove
		****	□Change
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Tective date, if other than effective date is listed, the otte: If the date inserted in ocument's effective date or	date must be specific a this block does no	and cannot be prior to t meet the applica	o date of filing or more ble statutory filing	optice than 90 days after requirements, this	filing.) Pursua	int to 605.02 It be listed	207 : as !
record specifies a delayed is filed.	effective date, but n	not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th	day after ti	he
uted <u>05/22</u>	2022	., <u>12:57</u> 2	n.				
	Signature of	a member or author	te ized representative o	f a member			
		Calvin		·-			