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2022 HAY 16 PH 4: 24 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

LAVUE NAIL LOUNGE OF ST PETE LLC 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: PHU D NGUYEN Name of Person LAVUE NAIL LOUNGE OF ST PETE LLC Firm/Company 2100 34TH STREET NORTH Address ST PETERSBURG, FL 33713 City/State and Zip Code phunguyen111188@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phu D Nguyen Daytime Telephone Number Name of Person 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) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 PM 4: 25

LAVUEN	AIL LOUNGE OF ST PETE LLC SE	CRETARY HE STATE
(<u>Name of the Limited Liab</u> (A Flori	AIL LOUNGE OF ST PETE LLC SE ility Company as it now appears on our records. da Limited Liability Company)	ALLAHASSEE. FL
he Articles of Organization for this Limited Liability		and assigned
lorida document number L22000009604	·	
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or register gent and/or the new registered office address here		he name of the new regi
Name of Mary Deviational Assess		
Name of New Registered Agent:		
New Registered Office Address:	Part of Plant In account 1	
	Enter Florida street address	
	Flor	rida
	City	Zin Code

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 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
VP	RON TRAN		□Add
		11051 Rumford Ct N. Pinellas Park, FL 33782	≡ Remove
			□Change
			□Add
			□Remove
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elayed effective date,	but not an effecti	ve time, at 12:0	l a.m. on the earlie	er of: (b) The 90th	day after the
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W M Signatu	re of a member or	authorized represe	entative of a member		.
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	ted, the date must be specerted in this block does date on the Department elayed effective date.	ted, the date must be specific and cannot be erted in this block does not meet the ape date on the Department of State's record elayed effective date, but not an effective date, but not an effective date with a member of Signature of a member or	ted, the date must be specific and cannot be prior to date of fili erted in this block does not meet the applicable statutor date on the Department of State's records. clayed effective date, but not an effective time, at 12:0	ted, the date must be specific and cannot be prior to date of filing or more than 90 derted in this block does not meet the applicable statutory filing requirement of date on the Department of State's records. Clayed effective date, but not an effective time, at 12:01 a.m. on the earlied signature of a member or authorized representative of a member.	ther than the date of filing: (optional) (ted. the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu erred in this block does not meet the applicable statutory filing requirements, this date will not add on the Department of State's records. (a) (a) (b) (b) The 90th (c) (c) (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (h) (h) (h) (h) (h

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