

L22000103062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

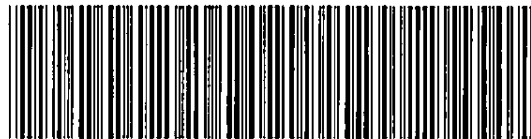
(Business Entity Name)

(Document Number)

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07/19/24--01004--005 **L3.01

FILED
2024 JUL 19 PM 12:09
CLERK OF COURT
JULY 19 2024

A. PARISHANI

JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

FILED
2024 JUL 19 PM 12:09
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JVLNAILCREW LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JUL 19 PM 12:09
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE & FINANCIAL SERVICES
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/28/2022 and assigned
Florida document number 122000103062.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lan Truc Thi Tran

New Registered Office Address:

7680 39th Street Circle E

Enter Florida street address

Sarasota

City

Florida 34243

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JONNESON C. VO	11012 HOLLY CONE DR	<input type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAN TRUC THI TRAN	7680 39TH STREET CIRCLE E	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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DEPARTMENT OF STATE
OFFICE OF CONSUMER PROTECTION
11/14/2024 1:54 PM

2024 JUL 19 PM 12:09

11/14/2024

2024 JUL 19 PM 12:09
DEPARTMENT OF STATE
BUREAU OF CONSTRUCTION
WASHINGTON, D.C.

100

2024 JUL 19 PM 12:09

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 15, 2024

Signature of a member or authorized representative of a member

LAN TRUC THI TRAN

Typed or printed name of signee

Filing Fee: \$25.00