## 122000366460

(Requestor's Name)
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(Business Entity Name)
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## • • • COVER LETTER

TO: Registration S Division of Co						
	AILS BY DANG LLC					
SUBJECT:	Name of Lin	nited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	PAUL DANG					
		Name of Person		<del></del>		
	HAPPY NAILS BY DAN	G LLC				
		Firm/Company		<del></del>		
	4350 BAYOU BLVD SUI	TTE D		<del>.</del> :	282	
	<del> </del>	Address			<u>س</u> بيد بيد	
	PENSACOLA FL 32503			AHN	023 MAR 31 PM 12: 31	ţ,
	<del>-</del>	City/State and Zip Code		1385) 30 A	_0	j
	TUYENTRAN0965@YAI			ESTA:	<del>7</del>	Ţ
For further information of	E-mail address: ( concerning this matter, please c	(to be used for future annual report notifical):	ication)	FATE	: 3	
PAUL DANG		850 4763207				
Name o	of Person		: Telephone Numb	per	-	
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fe cate of St ed Copy nal copy is o	atus &	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	etion			
Division of C	Corporations	Division of Corporations				
P.O. Box 632 Tallahassee.		The Centre of T		810		
Tallahassee,		2415 N. Monroe		810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY NAILS BY DANG LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our record Limited Liability Company)	ds.)
the Articles of Organization for this Limited Liability Company were filed on 08/19/2022  **Torida document number L22000366460**  **L22000366460**  **L220003666460**  **L220003666460**  **L220003666**  **L220003666**  **L22000366**  **L22000366**		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	5. 5
		52 ° :
		SE PH
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Maning dadress MAT BE ATOST OFFICE BOA	-	
B. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Tame of the regimenta rigen.		
New Registered Office Address:	Enter Florida street addre:	
	r.mer r torida street addre:	33
		orida
	City	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>	Type of Action
MGR	SON DANG	3148 TWO SISTER WAY	<b>=</b> Add
		PENSACOLA FL 32505	□Remove
			□ Change
MGR	KHALDANG	3148 TWO SISTER WAY	Add
		PENSACOLA FL 32505	□Remove
			□Change
			7073 HAR
		<del></del>	AHASSEE, FL
			<u>Γ</u> Α <u>ω</u> □Add
			□Remove
			□Change
	<del></del>		□Add
		<del>-</del>	□Remove
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			□Remove

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			02 122 1202					
Effecti	ive date, if other than t fective date is listed, the date r	he date of fili	ng: 03/22/2023		(0	ptional)		.05.0307
Note:	If the date inserted in this nent's effective date on the	block does not	t meet the applic	able statutory file	ing requirements.	this date will	not be I	isted as
recor	d specifies a delayed effec	tive date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of	`(h) The 90	th day a	fter the
rd is fil	led.				. vii the currer or	. (6) 1116 26	iii day a	iter the
	03/22		2023					
Dated		<del></del>	- J/	·				
			71					

Filing Fee: \$25.00

Typed or printed name of signee