

L23 000 342 284

441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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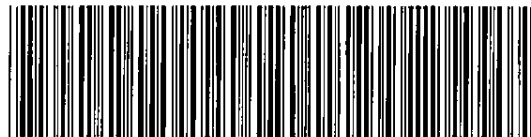
(Business Entity Name)

(Document Number)

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2024 MAY 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5 STAR NAIL BAR LLC

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:

LINH TON

Name of Person

5 STAR NAIL BAR LLC

Firm/Company

611 E MAIN STREET

Address

APOPKA, FL 32703

City/State and Zip Code

hoanglinh_travel@yahoo.com

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

For further information concerning this matter, please call:

LINH TON

832

292-6987

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

5 STAR NAIL BAR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/19/2023 and assigned
Florida document number L23000342284.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

hoanglinh_travel@yahoo.com

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 MAY 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL

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:

LINH TON

New Registered Office Address:

611 E MAIN STREET

Enter Florida street address

APOPKA

Florida 32703

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>	<u>Type of Action</u>
AMBR	LINH TON	3557 PELOCK DR, AOPKA, FL 32703	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THAT TON	3557 PELOCK DR, AOPKA, FL 32703	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOMMY NGUYEN	826 PRINCETON DR, CLERMONT, FL, 34711	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDED THE FOLLOWING ARTICLES IN IN ARTICLES OF ORGANIZATION FOR 5 STAR NAIL BAR

1/ ARTICLE III: THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

LINH TON

611 E MAIN STREET APOPKA, FL 32703

LINH TON'S SIGNATURE WILL BE THE REGISTERED AGENT SIGNATURE

2/ ARTICLE IV: THE NAME AND ADDRESS OF PERSONS AUTHORIZED TO MANAGE LLC:

TITLE: AMBR

LINH TON

3557 PELOCK DR

APOKA, FL 32703

TITLE: AMBR

THAT TON

3557 PELOCK DR

APOPKA, FL 32703

ARTICLE V: THE EFFECTIVE DATE FOR THIS LIMITED LIABILITY COMPANY SHALL BE: 07/19/2023

SIGNATURE OF MEMBER OR AN AUTHORIZED REPRESENTATIVE: LINH TON

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/06/2024

11:30 A.M.



Signature of a member or authorized representative of a member

LINH TON

Typed or printed name of signee