L230004772200

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies Certificates of Stat		s of Status
Special Instructions to	Filing Officer:	
J. HORNE FEB 2 8 2024		

Office Use Only



000423775640

02/13/24--01027--022 **25.00



LLC Articles of Amendment Filing

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. . .

February 8, 2024

Please find enclosed duplicates of the Articles of Amendment for Tycie Nail LLC, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team MyCompanyWorks, Inc. 187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tycie Nail LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limit	npany as it now appears on our records.) Ed Liability Company)	24 F
he Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
lorida document number 1.23000477226		ω
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	18 B
The new name must be distinguishable and contain the words "Limited Lie Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		the abbreviation "L.L.C."
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · ·
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tien Nguyen	5350 Hawford Cir	⊟ Add
		Orlando, FL 32812	
			Change
			Remove
			□ Change
			Add
			□ Remove
		Change	
		□ Add	
		Remove	
		Change	
			
			Remove
		Change	
			Remove
			☐ Change

	- 1					
					<u> </u>	
						. <u> </u>
						<u> </u>
					 	· · · · · · · · · · · · · · · · · · ·
					<u>.</u>	
					<u> </u>	
		-	_	-		
		_		•		
Note: If the d	e, if other than the design is listed, the date in ate inserted in this fective date on the	block does not m	iect the applicab	date of filing or more le statutory filing t	(optional) than 90 days after filing equirements, this date) Pursuant to 605.0207 (3)(will not be listed as the
	pecifies a delay day after the re		ate, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:
Februa Dated	ry 8		2024	<u>.</u> .		
	Thi Pham					

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00