

L24000152361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

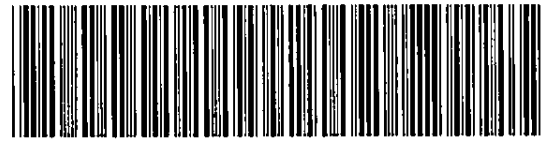
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300426910523

APR 8 2024 9:08 AM
TALLAHASSEE, FLORIDA

RECEIVED
2024 APR -8 PM 4:12
SECRETARY
TALLAHASSEE, FLORIDA

R. HUNT
04/08/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: 25.00

AUTHORIZATION SIGNATURE: Thanh Luong
Thanh Luong LLC L24000152361
BUSINESS (Name) Document #

Walk in Pick up time
 Mail out Will wait
 Photocopy

Certified Copy of Articles of
 Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 LLLP
 CORP

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

Annual Report
 Fictitious Name
 APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

Foreign Filing
 Limited Partnership
 Reinstatement
 Trademark
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: THANH LUONG 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:

THANH LUONG
Name of Person

THANH LUONG LLC DBA: Paradise Spa And Nails
Firm/Company

8570 PARK BOULEVARD STE # 101
Address

SEMINOLE, FL 33777
City/State and Zip Code

MPHAM0202@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THANH LUONG at (703) 677-1237
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**

THANH LUONG 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 03/29/2023 and assigned Florida document number L24000152361.

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)

PARADISE SPA AND NAILS

8570 PARK BOULEVARD STE # 101

SEMINOLE, FL 33777

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:

JENNY TAX SERVICES LLC

New Registered Office Address:

12011 ORCHID ASH STREET

Enter Florida street address

RIVERVIEW

, Florida 33579

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>
MGR	THANH LUONG	10829 57th Ave	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL 33772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THANH LUONG	8570 PARK BOULEVARD STE # 101	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL 33777	<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
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			<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.)

Multiple horizontal lines for amending information.

STATE OF CALIFORNIA
DEPARTMENT OF STATE

APR 08 2024 9:08 AM

E. Effective date, if other than the date of filing: 04/08/2024 (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 April-08, 2024

[Signature]
Signature of a member or authorized representative of a member

THANH LUONG
Typed or printed name of signer

Filing Fee: \$25.00