

L24000428385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 DEC -6 AM 11:57
SECRETARY OF STATE
HALL OF RECORDS

RECORDED
2024 DEC -6 PM 1:50
CLERK OF SUPERIOR COURT
HALL OF RECORDS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLACIER NAILS SPA 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:

Thi Vu

Name of Person

GLACIER NAILS SPA LLC

Firm/Company

12140 COLLEGIATE WAY STE 110

Address

ORLANDO, FL 32817

City/State and Zip Code

thanhmai10988@yahoo.com

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

For further information concerning this matter, please call:

Duc Tran, Attorney at Law

402

953-0048

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

GLACIER NAILS SPA, LLC

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

FILED
2024 DEC -6 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/03/2024 and assigned
Florida document number L24000428385.

This amendment is submitted to amend the following:

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

GLACIER NAILS SPA LLC

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:

12140 COLLEGIATE WAY STE 110

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32817

Enter new mailing address, if applicable:

12140 COLLEGIATE WAY STE 110

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32817

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:

Thi Vu

New Registered Office Address:

12140 COLLEGIATE WAY STE 110

Enter Florida street address

ORLANDO

City

Florida 32817

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Thi Vu	12140 COLLEGIATE WAY STE 110	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Emmie Vu	12140 COLLEGIATE WAY STE 110	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input checked="" 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.)*

Federal Employer Identification Number: 33-1426400

[illegible]

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 December 2 2024

Signature of a member or authorized representative of a member

Thi Vu

Typed or printed name of signee

Filing Fee: \$25.00