

LD70000069972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

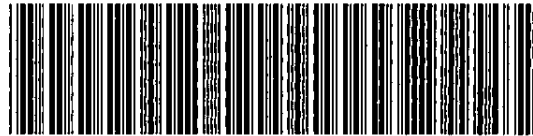
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EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 13 PM 3:46

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LE NAILS & SPA ELITE 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:

Bao Ngoc Thi Nguyen  
(Name of Person)

LE NAILS & SPA  
(Firm/Company)

3280 TAMiami TR. SUITE #37  
(Address)

Port Charlotte, FL 33952  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bao Ngoc (Lexie) Thi Nguyen at (941) 421-9437  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LE NAILS & SPA ELITE LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 01/05/2007 and assigned  
Florida document number W07000069972.

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 end with 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)

3280 Tamiami Tr. STE # 37  
Port Charlotte, FL 33952

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3280 Tamiami Tr. STE # 37  
Port Charlotte, FL 33952

**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: Bao Ngoc Thi Nguyen

New Registered Office Address: 3280 Tamiami Tr. STE # 37  
(Enter Florida street address)

Port Charlotte, Florida 33952  
(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 608, 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.

Bao Ngoc Thi Nguyen  
(If Changing Registered Agent, Signature of New Registered Agent)  
Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Mike Nguyen</u>	<u>4469 Harbor Blvd</u> <u>Port Charlotte, FL 33952</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Mary Nguyen</u>	<u>4469 Harbor Blvd</u> <u>Port Charlotte, FL 33952</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Bao Ngoc T. Nguyen</u>	<u>2312 Central Ave</u> <u>Port Charlotte, FL 33952</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

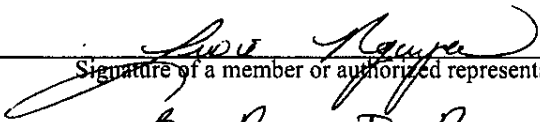
Bao Ngoc Thi Nguyen has 100% ownership of Le Nails & Spa LLC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 11, 2009.

  
Signature of a member or authorized representative of a member

Bao Ngoc T. Nguyen  
Typed or printed name of signee