

L110000046151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR  
AUG 29 2011  
EXAMINER



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08/03/11--01014--009 ~~08/03/11~~

20,00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:56



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2011

HOANG LE  
REGAL NAILS LLC  
10143 ANDOVER POINT CIRCLE  
ORLANDO, FL 32825

SUBJECT: REGAL NAILS LLC  
Ref. Number: L11000046151

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:59

We have received your document for REGAL NAILS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you are wanting to use -- LE NAILS, LLC -- is not currently available because it is too similar to the name of an existing corporation -- LE NAILS, INC. -- Document Number P01000034746.

Unless you can submit a signed letter from an officer of LE NAILS, INC. giving you permission to use the name LE NAILS, LLC, you will have to choose another name for your company.

Please note that we have RETAINED the \$30.00 payment sent with this filing. The \$30.00 will be applied to your amendment when it is resubmitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 411A00018424

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HL FAMILY NAILS LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:56

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hoang LE  
Name of Person  
HL FAMILY NAILS LLC  
Firm/Company  
10143 Andover point cir  
Address  
Orlando FL 32825  
City/State and Zip Code  
Hoang.Orlando@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoang le at (407) 936-3777  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 10:56

Regal Nails 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 4/18/2011 and assigned Florida document number L11000046151.

This amendment is submitted to amend the following:

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

HL FAMILY NAILS LLC  
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) same: 101 Howland Blvd  
Deltona, FL 32738

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX) same: 101 Howland Blvd  
Deltona, FL 32738

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

If Changing Registered Agent, Signature of New Registered Agent

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
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|              |             |                | <input type="checkbox"/> Remove |

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

\_\_\_\_\_

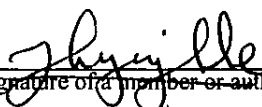
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Dated \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Henry Le  
\_\_\_\_\_  
Typed or printed name of signee