L11000046151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

AUG 29 2011

EXAMINER

400210663584

30.00

08/03/11--01014--009 [redacted]

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2011

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

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

SUBJECT: REGAL NAILS LLC
Ref. Number: L11000046151

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

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

SUBJECT: HL FAMILY NAILS 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:

Hoang LE
Name of Person

HL FAMILY NAILS LLC
Firm/Company

10143 Andover point cir
Address

Orlando FL. 32825
City/State and Zip Code

HoangOrlando@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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

_____
Typed or printed name of signee

Filing Fee: $25.00