

W3000011331

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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M. THOMAS

NOV - 6 2008

EXAMINER

W3-11331

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maria Nails and 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:

Bart R. Saunders, Esquire
(Name of Person)
Law Office of Saunders & Saunders, P.A.
(Firm/Company)
7232 W. Sand Lake Road, Suite 202
(Address)
Orlando, Florida 32819
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bart R. Saunders, Esquire at (321) 319-0459
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Maria Nails and Spa, 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 March 28, 2003 and assigned
Florida document number L03000011331.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1781 Derby Glen Drive

Orlando, Florida 32837

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:

Chau Quynh Bui

New Registered Office Address:

1781 Derby Glen Drive

(Enter Florida street address)

Orlando

(City)

, Florida 32837

(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.

Chau Bui

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA

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>
MGR	Liem H. Lam	2369 Bridgewood Trail Orlando, Florida 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Bobby V. Bui	2520 Laurel Blossom Circle Ocoee, Florida 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chau Quynh Bui	1781 Derby Glen Drive Orlando, Florida 32837	<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

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OCT 31 5 AM '08
CLERK OF STATE
ALABAMA

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

Dated October 31, 2008

Chau Bui
Signature of a member or authorized representative of a member

Chau Quynh Bui
Typed or printed name of signee