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SECRETARY OF STATE
ALL AHASSEF FE COLOR

D. BRUCE
FEB 1 5 2011
EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp		•			
SUBJE	CCT:	NAIL FEVER	BY VO & THAI, LLC			
~ - 110 11 + 11			nited Liability Company			
		amendment and fee(s) are su	-			
Please r	return all correspon	dence concerning this matte	er to the following:			
			HIEU LE, EA			
	•		Name of Person			
		· HI	EU LE & ASSOCIATES			
			Firm/Company			
			085 BUFORD HWY NE			
			Address			
	Control Days for a	DOF	RAVILLE, GA 30340-1102 City/State and Zip Code		SEI SEI	
·		774 11 1 50F 12 (1440	·			П
in company of	lu	E-mail address:	hle@hieuletax.com (to be used for future annual report notificati	on) (Y	TAR ASS	=
For furt	her, information co	ncerning this matter, please	call:	•	TE SE	7
	ŀ	HIEU LE	at (770) 45	1-1222	4: 00 STATE LORID	j
	Name of	Person	Area Code & Daytime To	elephone Number	A C	
Enclose	ed is a check for the	following amount:	-			
□ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
		NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAIL (Name of the Limited	FEVER BY	VO & THAI	, LLC			
(Name of the Limited (A	Florida Limited	Liability Company	y)			
The Articles of Organization for this Limited Li Florida document numberL04000019		were filed on	MARCH 12, 200	4 and a	issigno	ed
This amendment is submitted to amend the follo	owing:					
A. If amending name, <u>enter the new name of</u>	the limited liab	oility company h	<u>iere</u> :			
· · · NAIL	FEVER BY V	O & CHAU, L	LÇ			
The new name must be distinguishable and end wit 'L.L.C."	h the words "Lim	ited Liability Corr	npany," the designation	"LLC" or th	e abbro	eviation
Enter new principal offices address, if applic	able:	N/A		- 5 0		
Principal office address MUST BE A STREE				-		
				HAS		1.1
Enter new mailing address, if applicable:	N/A		RY OF S	#: #2 #4		
Mailing address MAY BE A POST OFFICE				÷		
•				DE A		
3. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>enter</u>	the name	of th	<u>ie new</u>
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		i	Enter Florida street aa	ldress		
	, Florida					
	City		Zip Co	de		

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** <u>Address</u> Type of Action <u>Name</u> MGRM CHAU KIM THAI 13456 SW 118 PASSAGE ✓ Remove MIAMI_FL 33186 MGRM THAO THI NGUYEN CHAU 15389 S. DIXIE HWY APT 26 MIAMI_FL_33157_____ Remove _ ∧dd Remove Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 2 2011 Dated Signature of a member or authorized representative of a member VAN T VO

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee