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2006 JUL 24 PM 4: 15

SECRETARY OF STATE



COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Elements Hair & Nails			
	(Name of Limited Liability C	Company)		
Dear Sir or Madam:				
The enclosed Article	es of Correction and fee(s) are submitted for filin	g.		
Please return all cor	respondence concerning this matter to the follow	ing:		
Tru				
	(Name of Person)	_		
_ [[ements	Hair Se Nails (Firm/Company)	_		
•		•	20	DI
5050 Oak	Tours Dr		006 JUL 24	SEC /ISIC
	(Address)	A Section 1985		> - 공유 - 오랜 -
Orlando, FL	(City/State and Zip Code)		42	F CC ARY E
<u> </u>	(City/State and Zip Code)	 .	P	- 꿈무드 으로
For further informat	ion concerning this matter, please call:		₹.	TATI
4/	0x 10 257	256-4543	5	ONS
(N	ame of Person) (Area Code	2 & Daytime Telephone Number)		
STREET/COURIE	R ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporate Clifton Building	tions	Division of Corporations P.O. Box 6327		
2661 Executive Central Tallahassee, Florida		Tallahassee, Florida 32314		
	for the following amount:			
\$25 Filing Fee	S30 Filing Fee & S55 Filing Fee & Certificate of Status	z □ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (08/05)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on July 7, 2006 and assigned document numberL06000 69165	
SECOND:	This amendment is submitted to amend the following:	
(I)	Elements Hair de Nails have added, Truong Le as a	
(managing number. His (Truong) address is located at	
	5050 Oak Tows Dr. Orlando, FL 32839.	
(II)	Elements Hair & Nais have added, Phat Le us a	
	managing member. Phat address is 5050 Oak Towns Dr.	
	Orlando, FL 32839.	
(111	DElengents Hair & Nails have added, Phuong Le as a	
	DElensents Hair & Nails have added, Phuong Le as a managing member. Phuong's address is 5050 Oak Towns	x Dr
	Orlando, FL 12839.	
Dated	July 20, 2006, 2006.	DIVISION OF CO
	Signature of a member of authorized representative of a member	OF STA
	Signature of a member of authorized representative of a member	ATE TIONS
	My Van Le Typed or printed name of signee	.,,
	Typed or printed name of signee	

Filing Fee: \$25.00