(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:		ILS OF BRADENTON LLC			
sebole i.		Name of Limit	ed Liability Company		_
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return	all correspor	ndence concerning this matter to	o the following:		
		HUYNH NGUYEN			
			Name of Person		
		NAIL SALON OF BRADE	ENTON LLC		
			Firm/Company		_
		5315 CORTEZ RD WEST			
			Address		
		BRADENTON, FL 34210			
			City/State and Zip Code		
		VAN4872@AOL.COM			
		E-mail address: (to	o be used for future annual re	port notification)	_
For further in	nformation co	oncerning this matter, please ca	11:		
HUYNH NO	GUYEN		941 314- at ()	-4460	
	Name of	Person	Area Code	Daytime Telephone Num	iber
Enclosed is	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif osed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

REGAL NAILS OF BRADENTO			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	.iability Ćompan	y were filed on $\frac{01/30/2008}{}$	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited lia	bility company here:	
NAIL SALON OF BRADENTON LLC			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	76 11. A
			#F: A
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	office address on our r re:	records, enter the name of the
Name of New Registered Agent:	N/A		76 : 46
New Registered Office Address:	N/A		
Them Registroid Office Address.		Enter Florida stree	t 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 605. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			Remove
			□ Change
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			FEORIBA Change
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an effective date is listed, the dat ote: If the date inserted in the	te must be specific and nis block does not m	cannot be prior to eet the applicab	date of filing or m le statutory filin	ore than 90 days aft g requirements, th	er filing.) Purst iis date will n	ant to 6 ot be li	05.020 isted a:
ocument's effective date on			·				
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record specifies a del The 90th day after the	ayed effective de record is filed.	ate, but not	an effective !	ime, at 12:01	a.m. on th	ne ear	lier c
05/09 		2016					
aica	<u>, </u>		- ·				
	1_1			of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00