

Apr 04 13 02:47p

Superbiz.com

15 242 4

# L08000032315

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000076466 3)))



H130000764663ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROYAL NAILS AND SPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
13 APR -4 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR -4 AM 8:43

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

APR 5 2013

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H13000076466 3

ROYAL 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 03/31/2008 and assigned  
Florida document number L08000032315

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ROYAL NAILS & SPA 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

TONY V. LE

New Registered Office Address:

2918 PLEASANT HILL ROAD

*Enter Florida street address*

KISSIMMEE

*City*

Florida

34746

*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:

H13000076466 3

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HIEP D. VO	1702 PILCHARD DRIVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Remove
MGRM	HIEN T. VO	1702 PILCHARD DRIVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Remove
MGRM	TONY V. LE	2918 PLEASANT HILL ROAD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 4  
4:44

FILED

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

H13000076466 3

FEI/EIN NUMBER SHALL BE UPDATED TO: 45-4761085

Dated APRIL 04, 2013

Signature of a member or authorized representative of a member

TONY V. LE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 APR -4 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H13000076466 3