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(Cit	y/State/Zip/Phone	∌ #)		
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PICK-UP	WAIT	MAIL		
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09 MAY II PH 4: 04

SECRETARY OF STATE
ALL AHASSEE, FLORID.

D. BRUCE

MAY 11 2009

EXAMINER

COVER LETTER

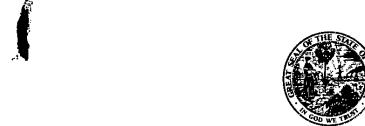
TeO: Registration Security Division of Corp		6 P I			
SUBJECT:	CALI NP (Name of Lim	ited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	HANG	G THW TRAY (Name of Person)	V	-	
	<u> </u>	(Firm/Company)			
	15/21 5	OG Rd. (Address)		-	
	DEIRAY	BEACH FL 3 (City/State and Zip Code)	3445	O9 MAY SECRET TALLAHA	1
For further information co	oncerning this matter, please c	all:		ARY O	
CHRIJ (Name o	Person)	at (56) 789	9556 Telephone Numb	PH 4: 04 OF STATE E. FLORIGA	FILED
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2009

TAN QUACH 15121 JOG RD. DELRAY BEACH, FL 33446

SUBJECT: CALI NAILS, LLC Ref. Number: L08000064603

We have received your document for CALI NAILS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00013354

O9 MAY II PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT 'TO' ARTICLES OF ORGANIZATION OF

ZAG NAIL	LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears or ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Com Florida document number 2 0800064603	pany were filed on July	2 7008 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:	•	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company,"	' the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		TAL	0
Principal office address MUST BE A STREET ADDRES	<u> </u>	LA	<u> </u>
		IAI HAS	- ·
		SEE	Proper
Enter new mailing address, if applicable:		. F.S	3 11
(Mailing address MAY BE A POST OFFICE BOX)		TATE	# O
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the na	ame of the nev
Name of New Registered Agent:			
New Registered Office Address:	(Enter	Florida street address)	
		. Florida	
	(City)		ip 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 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 Name **Address Type of Action** MURH HANG THY TRAW MGRM AN QUACH 🗂 Add Remove _ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of sighee

Page 2 of 2

Filing Fee: \$25.00