

L08000079/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

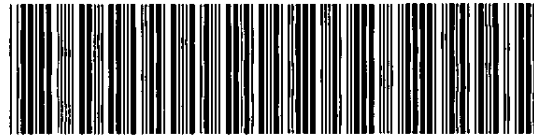
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUFFICIENT FOR FILING

13 APR 17 14 05 59

14 APR 17 08:10:59

APPROVED
AND
FILED

B. BOSTICK

APR 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twinkle Toes Nail Salon, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trinh M. Luu & Dung T. Vo
Name of Person

Twinkle Toes Nail Salon
Firm/Company

397 Merchants Row Blvd #135
Address

Tallahassee, FL 32311
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dung T. Vo at 950 212 5113
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|--|

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

14 APR 17 AM 10:59

APPROVED
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Twinkle Toes Nail Salon, 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 8/19/2008 and assigned
Florida document number L08000019138.

This amendment is submitted to amend the following:

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

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:

KHOA BACH TRAN

New Registered Office Address:

1036 PINEY-2 PLANTATION RD

Enter Florida street address

TALLAHASSEE

City

Florida

32311

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------------|--|
| MGR | Trinh M. Luu | 5497 Caddo Dr | <input type="checkbox"/> Add |
| | | Tallahassee, FL. 32311 | <input checked="" type="checkbox"/> Remove |
| MGRM | Duong T. Vo | 6371 Sinkola Dr. | <input type="checkbox"/> Add |
| | | Tallahassee, FL. 32312 | <input checked="" type="checkbox"/> Remove |
| MGR | KHOA BACH TRAN | 1036 PINEY-2 PLANTATION RD | <input checked="" type="checkbox"/> Add |
| | | TALLAHASSEE, FL-32311 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |

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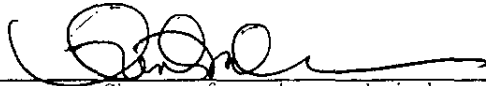
14 APR 17 AM 11:00

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 17, 2014



Signature of a member or authorized representative of a member

Trinh M. Luu

Typed or printed name of signee

APPROVED
14 APR 17 2011:00