

**L080000098168**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OCT -3 2012  
L. SELLERS

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**FILED**  
12 OCT -1 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANOTHER NAIL SPA 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:

**JIE LIN**

Name of Person

**ANTOHER NAIL SPA LLC**

Firm/Company

**4341 EDGEWATER DR**

Address

**ORLANDO, FL 32804**

City/State and Zip Code

**TONYDU4030@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**JIE LIN**

Name of Person

at ( 321 )

**295-9666**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

ANOTHER NAIL SPA LLC

Page 1 of 2

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12 OCT - 1 PM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	

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

JIE LIN IS NOW 80% OWNER OF ANOTHER NAIL SPA, LLC.

XIAO DONG DU IS NOW 20% OWNER OF ANOTHER NAIL SPA, LLC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST, 2012.

Jie Lin  
Signature of a member or authorized representative of a member

JIE LIN  
Typed or printed name of signee