

LD9000026732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

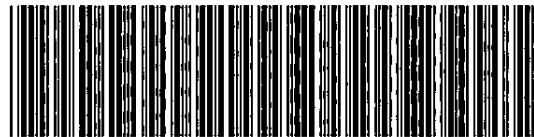
(Business Entity Name)

(Document Number)

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17 MAY - 1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 2 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

MICHAEL PHAN
10752 DEERWOOD PARK BLVD., SUITE 100
JACKSONVILLE, FL 32256

SUBJECT: JACKIE NAILS - BK, LLC
Ref. Number: L09000026732

We have received your document for JACKIE NAILS - BK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00007353

COVER LETTER

**TO: Registration Section
Division of Corporations**

JACKIE NAILS - BK, LLC

SUBJECT: _____
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:

MICHAEL PHAN

Name of Person

PHAN AND PHAN, PA

Firm/Company

10752 DEERWOOD PARK BLVD STE 100

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

M.PHAN@PHANPA.COM

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

For further information concerning this matter, please call:

MICHAEL PHAN

904

240-5762

at (_____) _____

Name of Person

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

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

JACKIE NAIL - BK, 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 03/19/2009 and assigned
Florida document number L09000026732.

This amendment is submitted to amend the following:

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

JACKIE'S HAIR & NAILS, LLC

The new name must be distinguishable and contain 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)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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TALLAHASSEE, FLORIDA

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:

PHAN & PHAN, PA

New Registered Office Address:

10752 DEERWOOD PARK BLVD STE 100

Enter Florida street address

JACKSONVILLE

Florida 32256

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIEN, NGU BINH	1724 NORTH THIRD ST	<input type="checkbox"/> Add
		JACKSONVILLE BCH, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIEN, DAVID	1724 NORTH THIRD ST	<input type="checkbox"/> Add
		JACKSONVILLE BCH, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 20, 2017

Signature of a member on

NGU BINH KIEN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA