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SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

JUL 28 2010

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: L'MOUR 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:	
Thanh thi Van Name of Person L' Mour-Nail-4-Spa LLC Firm/Company	
3830 S.Nova Rd. Unit B.2 Zon E	
Port Orange, fl 32129 City/State and Zip Code KCDunal Sa yahoo. Com. E-mail address: (To be used for future annual report notification)	4.4
E-mail ddress: (to be used for future annual report notification) For further information concerning this matter, please call:	7
Name of Person at (386) 334-73860 Aréa Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$\text{Certificate of Status} \] \$\text{Certificate of Status} \] \$\text{Certified Copy} \] \$\text{(additional copy is enclosed)} \] \$\text{Certified Copy} \] \$\text{(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

ame 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 May 24, 2010 Florida document number LI 0000055769 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: Thanh thi Van

3830 3 Nova Rd Linit B-2

Enter Florida street address New Registered Office Address: Post Osanal Florida 32129

Circ Sin 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:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
mgRM	Thanh Thi, Van	3830 S. Nova Rd Unit B2 Poit orange, fl 32129	Add Remove
mg em	NHung T. Dang	38305. Nova Rd unit B2 Port Drange, fl 3212	Add Remove Add Remove Add Remove Add Remove Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)
Dated	Menloan	er or authorized representative of a member	,

Page 2 of 2

Filing Fee: \$25.00