111000046151

(Red	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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JAN - 9 2014 T CLINE Division of Corporations

November 6, 2012

LOI LE HL FAMILY NAILS LLC 101 HOWLAND BLVD DELTONA, FL 32738

SUBJECT: HL FAMILY NAILS LLC

Ref. Number: L11000046151

We have received your document for HL FAMILY NAILS 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):

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

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 (850) 245-6051.

Jeraline Saulsberry Regulatory Specialist II

Letter Number: 012A00026977

COVER LETTER

TO: Registration Se Division of Cor	ection porations			
SUBJECT:	HL Family Mails Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Hoo	Name of Person	· 	
	+L family	NailS / LC Firm/Company		
	9643 Tivoli	Uilla dr Address	2014 JAN -2 SEEPELTARY FALLMARIES	, and a
	Orlando	FL 3282 9 City/State and Zip Code	. ~~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Hoangorlande Edail address: (to be used for future annual report notifical	tion) 55	••
For further information of	concerning this matter, please co	all:	***	
Houng Name o	of Person	at (<u>407</u>) <u>484</u> <u>093</u> Area Code Daytime Te	3 9 elephone Number	
Enclosed is a check for t	he 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)	
	INC A PADECC	CTREET/COURIED	A DDD FCC.	

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

(Name of the Limited Limited	Nails L/C ty Company as it now appears on our records.)
(A Florida	ty Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 4-19-20 11 and assigned
Florida document number 4110046151	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	
Enter new mailing address, if applicable:	는 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

Authorized Member being added or removed from our records:

Manager Authorized Member		
<u>Name</u>	<u>Address</u>	Type of Action
Loi Le		
	orlando F-1.32825	Remove
Hoang Ce	9643 Tivoli Villa dr.	Add
J	Orlando FL 32829	Remove
	 S3 €5 	Remove Remove
		AddRemove
		AddRemove
	Authorized Member Name	Authorized Member Name Address Loi Le Orlando F-1.32825 Hoang Ce 9643 Tivoli Villa dr. Orlando F1.32829

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E. Effective data if other than the dat	o of Gling.	(antional)	
E. Effective date, if other than the date (If an effective date is listed, the date must	st be specific and cannot be more than 9	(optional) 90 days after filing.) (605.0207 (3)((b)
Dated			
Dated			
	TUD		
Signatu	ire of a member or authorized representativ	ve of a member	
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00	. Fr S	
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