

L11000046321

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(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 23 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAIL & SPA LOVERS 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:

VAN NGUYEN
Name of Person

NAIL & SPA LOVERS LLC
Firm/Company

1160 W. OCEOLA PKWY.
Address

KISSIMMEE, FL 34741
City/State and Zip Code

n.van811@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VAN NGUYEN at (321) 287-8388
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NAIL & SPA LOVERS 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 04/19/2011 and assigned
Florida document number L11000046321.

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)

1160 W. OSCEOLA PARKWAY

KISSIMMEE, FL. 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

VAN NGUYEN

New Registered Office Address:

1160 W. OSCEOLA PKWY

Enter Florida street address

KISSIMMEE

City

Florida 34741

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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>VAN NGUYEN</u>	<u>3013 WHIMSICAL LN.</u> <u>KISSIMMEE, FL 34744</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>THAO NGUYEN</u>	<u>3013 WHIMSICAL LN.</u> <u>KISSIMMEE, FL 34744</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>HANG PHAM</u>	<u>12788 GETTYSBURG CIR</u> <u>ORLANDO, FL 32837</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>HANG PHAM</u>	<u>12788 GETTYSBURG CIR</u> <u>ORLANDO, FL 32837</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

MR. VAN NGUYEN IS HOLDING 60% Interest
 MS. THAO NGUYEN IS HOLDING 40% Interest
 MRS. HANG PHAM IS HOLDING 0% Interest
 MRS. VUI TRAN IS HOLDING 0% Interest

Dated 08/17/2012,

Signature of a member or authorized representative of a member

HANG PHAM

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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