## 110000071018

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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11 JUL -7 AM II: 04

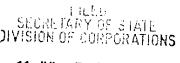


## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJI	_C						
SUBJECT: T&T NAIL & BEAUTY SUPPLY, LLC  Name of Limited Liability Company							
The en	iclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			TAN VAN TRAN				
Name of Person							
		, LLC					
	RD						
Address							
TCNGUYENCO@GMAIL.COM  E-mail address; (to be used for future annual report notification)							
For fu	ther information	concerning this matter, please o	•	nottiteation			
roi iui	ther miormation (	concerning this matter, please c	can.				
AMY NGUYEN		at ( 407 )	249-4098				
Name of Person			Area Code & Daytime Telephone Number				
Enclos	sed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	S60.00 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 ARTICLES OF ORGANIZATION **OF**



11 JUL -7 AM #: 04

T&T N/	AIL & BEAUT	Y SUPPLY	, LLC			
( <u>Name of the Limited</u> (A	<u>Liability Company</u> Florida Limited Lia	<u>as it now appea</u> bility Company)	ars on our records.)			
The Articles of Organization for this Limited L	ability Company w	ere filed on	JUNE 20, 201	1 and assigned		
Florida document number L1100007						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	the limited liabili	ty company he	e <u>re</u> :			
TT BE	AUTY & NAILS	SUPPLY, L	LC			
The new name must be distinguishable and end with "L.L.C."	h the words "Limite	d Liability Comp	oany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applic	6112_	SILVER ST	AR RD			
(Principal office address MUST BE A STREE	T ADDRESS)	ORLANI		32108		
Enter new mailing address, if applicable:		6112	SINVER	STAR RD		
(Mailing address MAY BE A POST OFFICE	<u>orla</u>	MDO , F	-C 32808			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, ente	r the name of the nev		
Name of New Registered Agent:	PHUO	UG TRAI	M VO	MANAGER		
New Registered Office Address:	istered Office Address: 6112 SILVER STAR RD  Enter Florida street address					
			_			
	NDO City	, Florida	32808 Zin Code			
		,		=q- \( \cdot \)		

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 **Title** Name <u>Address</u> Type of Action PHUONG TRAM VO 6112 STAR X Add MGR Remove Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) this 29th day of JUNE 2011 Dated Signature of a member or authorized representative of a member TAN V TRAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00