

L11000076356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

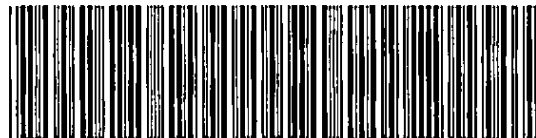
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUL 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serenity nails - Pedispa
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:

MELy Dinh
Name of Person

Serenity Nails - Pedispa
Firm/Company

8793 Tamiami Trail E. Ste #206
Address

Naples, FL 34113
City/State and Zip Code

LyDinh615@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELy Dinh at (813) 943-3219
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

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TALLAHASSEE, FL 32301
STATE OF FLORIDA

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

Serenity nails - pediSpa
(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 7-1-2011 and assigned
Florida document number L 11000076356

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8793 Tamiami Trail E #206
Naples FL 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8793 Tamiami Trail E #206
Naples FL 34113

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:

MELy Dinh

New Registered Office Address:

8793 Tamiami Trail E #206
Enter Florida street address

Naples, Florida 34113
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.

[Signature]
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

Title	Name	Address	Type of Action
MGR	MELy Dinh	8793 Tamiami Trail	#206 <input checked="" type="checkbox"/> Add
		Naples FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harry PHan	8793 Tamiami Trail E.	<input checked="" type="checkbox"/> Add
		#206 Naples FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGOC Bich THI phan	8793 Tamiami Trail E	<input type="checkbox"/> Add
		#206 Naples FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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7-12-17

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.

Dated 7-19-17, _____


member or authorized representative

MEL Dink
Typed or printed name of signee

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SECRETARIAT OF FLORIDA
TALLAHASSEE, FLORIDA