

L11000076356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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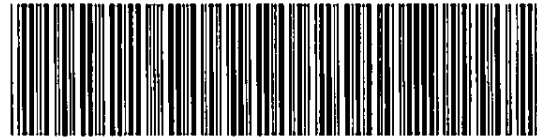
(Business Entity Name)

(Document Number)

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AT 1000 1000 1000

S. WARREN

AUG 23 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:

Ngoc Phan  
Name of Person  
Serenity Nails & PediSpa  
Firm/Company  
8793 Tamiami Trail E, #206  
Address  
Naples FL 34113  
City/State and Zip Code  
serenitynails.pedispa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NGOC PHAN at (239) 774 2608  
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

**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 L11020076356

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3793 Tamiami Trail E, suite 206  
Naples, FL 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

**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:

Ngoc Phan

New Registered Office Address:

3793 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.

Ngoc Phan  
**If Changing Registered Agent, Signature of New Registered Agent**

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CLERK  
OF  
COURT  
HALL  
TALLAHASSEE  
FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ngoc Phan	8793 Tamiami Trail, #206	<input checked="" type="checkbox"/> Add
		Naples, FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mely Dinh	8793 Tamiami Trail, #206	<input type="checkbox"/> Add
		Naples, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harry Phan	8793 Tamiami Trail, #206	<input type="checkbox"/> Add
		Naples, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
NAPLES, FLORIDA

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

I need to change the tax ID  
from 82-2158918  
to 42-2689221

Thank you!

E. Effective date, if other than the date of filing: 8-9-17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 8-9-17

Signature of a member or authorized representative of a member

Harry G Phau  
Typed or printed name of signer

FILED  
17 AUG 21 AM 11:33  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520