

L1100005762356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302496788

09/05/17--01012--008 **25.00

FILED
17 SEP -5 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2017
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERENITY NAILS & PEDISPA 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:

KHANH T NGUYEN

Name of Person

SERENITY NAILS & PEDISPA LLC

Firm/Company

8793 TAMiami TRAIL E STE 206

Address

NAPLES FL 34113

City/State and Zip Code

VAN4872@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHANH T NGUYEN

239

848-2877

at ()

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 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 07/01/2011 and assigned
Florida document number L11000076356.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

KHANH T NGUYEN

New Registered Office Address:

8793 TAMiami TrL E STE 206

Enter Florida street address

NAPLES

City

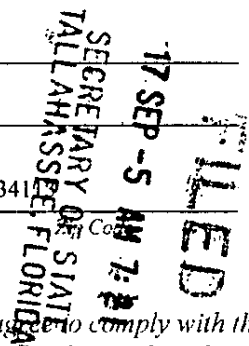
Florida

341

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



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>
MGRM	KHANH T NGUYEN	8793 TAMIAMI TRL E STE 206	<input checked="" type="checkbox"/> Add
		NAPLES FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TU TRINH N PHAN	8793 TAMIAMI TRL E STE 206	<input checked="" type="checkbox"/> Add
		NAPLES FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGOC PHAN	8793 TAMIAMI TRL E STE 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 SEP -5 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP -5 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14-00000

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 08/27, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee