## #1/1000076910

| (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: CORRECTIONS PER CONVERSATION WITH HONG T. DANG 11/26/12 KS |  |  |  |  |  |

Office Use Only



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11/13/12--01005--014 \*\*25.00

2 NOV 26 PM 12: 52
EURLIARY OF STATE
NITHER SEFE FLORIDA

K.SALY EXAMINER NOV 26 2012 HOPE NAIL & SPA 35 S. CHARLES RICHARD BEALL BLVD STE A DEBARY FL 32713-3352

Request taken by: LRivers 10-17-2012

The forms you recently requested from this office are:

(1) 303. Amend FL LLC

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

## **COVER LETTER**

| TO:    | Registration Section Division of Corpo | on Hope                                       | e Nail & S  | pa   |
|--------|--|---|---|--|
| SUBJ   | ECT:                                   | THIEN HO Name of Limi                         | NR INVESTM<br>ted Liability Company   | IENT LLC   |
| The er | nclosed Articles of Ar                 | nendment and fee(s) are sub                   | omitted for filing.   |  |
| Please | e return all correspond                | ence concerning this matter                   | to the following:   |  |
|        |  | HONG<br>THIEN                                 | Name of Person  Spe Nail & S  HONG INVE   | PA<br>STMENT LLC   |
|        | :                                      | <u>35 S US H</u>                              | 1wy 17-92 57 Address  | EA   |
|        |  | DEBARY,<br>thien 800<br>E-mail address: (     | City/State and Zip Code  Oole & hot motor to be used for future annual report notification. | 3352<br>ail.com  |
| For fu | ırther information con                 | cerning this matter, please o                 | call:   |  |
| H      | ON GI T                                | HI DANG                                       | at ( <u>386) 668 – 8</u><br>Area Code & Daytime Te  | 8894<br>lephone Number   |
| Enclos | sed is a check for the                 | following amount:                             |   |  |
|        |  | \$30.00 Filing Fee &<br>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

FILED" 12 NOV 26 PM 12: 52 SELLE

| The Late of the second  | OUT records.)                             |
|---|---|
| IHIEN HONG INVESTMENT LIC   | - ANSSEE, FLORIDA                         |
| THIEN HONG INVESTMENT LLC  (Name of the Limited Liability Company as it now appears on  (A Florida Limited Liability Company)               | our records.                              |
| The Articles of Organization for this Limited Liability Company were filed on 8— Florida document number 4/10000 769/0                      |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability company here:  |   |
| HOPE NIAIL & SPA THIEN LIONG INVESTAGEA   | T IIC                                     |
| HOPE NAIL & SPA THIEN HONG INVESTMEN The new name must be distinguishable and end with the words "Limited Liability Company," "L.L.C."      | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   | VA  |
| Enter new mailing address, if applicable:   | ,   |
| (Mailing address MAY BE A POST OFFICE BOX)  | VA  |
| B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: | ecords, enter the name of the new         |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  Enter F   | lorida street didress                     |
| 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 capac  | ity. I further goree 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 = !<br>MGRM : | Manager<br>= Managing Member |                                       |   |   |
|-------------------|------------------------------|---------------------------------------|---|---|
| <u>Title</u>      | Name                         |                                       | Address                                   | Type of Action                          |
|                   | Hope Na                      | LESPA                                 | 355 US HWY FI<br>DEBARY FLX3271           | 7-99 57 Add<br>3-7352 X Remove          |
|                   | THIEN HOME                   | INVESTMENT                            | DEBARY FL. 33213-                         | 97 572 A X Add<br>3352 \( \text{Remove} |
| <u>-</u>          |                              |                                       |   | Add Remove                              |
|                   |                              |                                       |   | Add Remove                              |
|                   |                              | ······                                |   | Add<br>Remove                           |
|                   |                              | · · · · · · · · · · · · · · · · · · · |   | Add Remove                              |
| D. If amo         | ending any other inform      | nation, enter change(                 | (s) here: (Attach additional sheets, if n | necessary.)                             |
|                   |                              | 1/                                    | /-  |   |
| -                 |                              | /V/                                   |   |   |
| Dated             |                              |                                       | ·   |   |
|                   | <u>s</u>                     | Hona<br>ignature of a member          | Manufacture of a member                   |   |
|                   | HOI                          |                                       | i DANG r printed name of signee           |   |

Page 2 of 2

Filing Fee: \$25.00