

L120000080466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

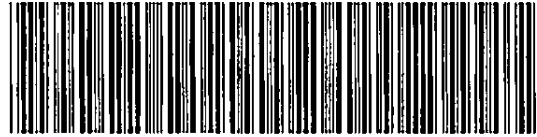
(Business Entity Name)

(Document Number)

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DIVISION OF COURT SESSIONS



Daytime telephone # 813-335-0607
Return Addy - 10051 Creek Bluff Dr.
Riverview FL 33578

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY'S NAILS & SPA

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:

PHONG TUONG LAM

Name of Person

MY'S NAILS & SPA

Firm/Company

23610 STATE ROAD 54

Address

LUTZ, FL 33559-6778

City/State and Zip Code

CREDITMOTORSINC@GMAIL.COM

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

For further information concerning this matter, please call:

PHONG TUONG LAM

813 909 - 8787

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**

MY'S NAILS & SPA

(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 06/18/2012 and assigned Florida document number L12000080466.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23610 STATE ROAD 54

LUTZ, FL 33559

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23610 STATE ROAD 54

LUTZ, FL 33559

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:

PHONG TUONG LAM

New Registered Office Address:

568 19TH ST NW

Enter Florida street address

RUSKIN

City

Florida 33570-2905

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.

X If Changing Registered Agent, Signature of New Registered Agent

PHONG TUONG LAM

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	PHONG TUONG LAM	568 19TH ST NW	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570-2905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MY T. KIMBALL	19516 ARDWICK WAY	<input type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECTION 100
AUG 16 AM 8:46
Remove
Change
Add
Remove
Change

FILED

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

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17 AUG 16 AM 8:49
DIVISION OF CORRECTIONS

F. Effective date, if other than the date of filing: August 1st 2017 (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 JULY 25TH 2017

X THURNEY Signature of a member or auth

Signature of a member or authorized representative of a member

MY T. KIMBALL

Typed or printed name of signee