112000 106005

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| (Only) State/Zip/Pilone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| _ |
| Dame |
| Special Instructions to Filing Officer: |
| LISO00206895 |
| |
| |
| |
| |
| |
| |

Office Use Only



100321441301

12/10/18--01023--019 **25.00

SECRETARY PERSONAL BIRT

5,21,19



January 7, 2019

TAM DAO 150 S FEDERAL HWY BOCA RATON, FL 33432 US

SUBJECT: OCEAN NAILS SPA SALON LLC

Ref. Number: L12000106005

We have received your document for OCEAN NAILS SPA SALON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 019A00000380

Janeice L Smith
Regulatory Specialist II
Registration Section

www.sunbiz.org

COVER LETTER

| TO: | Registration Section |
|--------|--|
| SUBJI | ECT: Name of Limited Liability Company |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Penny Dao. |
| | Name of Person Own Dark Spa Salou Firm/Company |
| | 150 S. Federal Hwy |
| | BOLA Raton, FL 33432 |
| | BULA RUNN FL 3343D City/State and tip Code (AN VIN AURUSA (2) UNI 160. LOW [E-mail address: (to be used for future, innual report notification) |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ocean Nail | ls 50a 5 | Salon LLC | | | |
|--|---|---|-------------------------------|--------------------|---------|
| (Name of the Limited (A | Liability Company : Florida Limited Liab | as it now appears on our ility Company) | records.) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>L1.20001060</u> | ility Company we | re filed on $\frac{OS}{I}$ | 7/2012 | and assign | ed |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, <u>enter the new name of th</u> The Nail La | h Salon | and Soa | LLC | | |
| The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET) | le: _ | ^ | cleval thu | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | - <u>-</u> <u>-</u> | Savre a | s a Love | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | _ | e address on our r | ecords, <u>enter tl</u> | ie name of | the new |
| Name of New Registered Agent: | 9 | Penny Dao | | RETAILY AHASSEI | W F |
| New Registered Office Address: | Boca | <u>Felleval FW</u> Enter Floridu street Ratvu | y . raddress , Florida3 | 3432 | AH 7:5 |
| | | 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.

f Charging 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 = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|---------------------------------------|---------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Penny Vao | 1505 Federal Hwy. | |
| | v | Boca Rabu, FL 33436 | 7. □ Remove |
| | | | ☐ Change |
| MGR | Tam Dao. | Sume as above | 🗆 Add |
| | | | Remove |
| | | | Change |
| MAR | Yen Voan | Same as above. | Add |
| | | | □ Remove |
| | | | Change |
| | | | 🗀 Add |
| | | Ş r | - Remove |
| | | | \$ 2 T |
| | | | Shi □ Change |
| | | | |
| | | · | |
| | | | 25 |
| | | | |
| | | | Change |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | Add |
| | | | ☐ Remove |
| | | | Change |

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|------------------|---|--------------|
| • | • | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | 77. 2 | |
| | PAR L | 7 |
| · | ##S | 7 |
| - | | 1 |
| | | ļ |
| - | 1: 5 | |
| | i. | |
| • | | |
| | | |
| • | | |
| - | | |
| | | |
| - | | |
| ffect | ive date, if other than the date of filing: | |
| នៃខេត្ត Note: | fective 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 605.6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed | 0207 d as |
| | nent's effective date on the Department of State's records. | |
| | | |
| e red The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. | ro |
| | | |
| Dated | 01/15/2019 | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Pensus Deiv. Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00