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FILED

SECRETARY OF STATE
SECRETARY OF STATE

J. 2018

COVER LETTER

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Registration Section Division of Corporations

VENETIAN NAIL SPA DELRAY LLC UBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: HOA THUAN NGUYEN Name of Person VENETIAN NAIL SPA DELRAY LLC Firm/Company 9097 ATLANTIC AVENUE SUITE 102 Address DELRAY BEACH, FL 33446 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: IOA THUAN NGUYEN Daytime Telephone Number Name of Person Inclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENETIAN NAIL SPA DELRAY 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 $\frac{09/17/2012}{1}$ and assigned lorida document number <u>L12000118497</u> his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and recept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager

AMBR = Authorized Member

<u>litle</u>	Name	Address	Type of Action
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X Diveriling	nature of a member or aut	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee