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November 20, 2013

BRIAN TRANG 6345 NAPLES BLVD UNIT 5 NAPLES, FL 34109

SUBJECT: T.L.C. NAILS & SPA LLC

Ref. Number: L12000127924

We have received your document for T.L.C. NAILS & SPA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00026817

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: T.L.C NAIL	S & SPA LLC		
DOCUMENT NUMI	BER: L12000127924	4		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	BRIAN TRANG			
		Name of Contact Person	1	
	T.L.C NAILS & SI	PA LLC		
		Firm/ Company		<del></del>
	6345 NAPLES BL	LVD UNIT 5		
		Address		<del></del>
	NAPLES FL 3410	9		
		City/ State and Zip Code	2	
	E-mail address: (to be us	ed for future annual report	notification)	-
For further informatio	n concerning this matter, pleas	e call:		
BRIAN TRAN	NG	at (239	, 272-0383	<u>; , , , , , , , , , , , , , , , , , , ,</u>
Name	of Contact Person	Area Coo	de & Daytime Telephone Nu	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:	
■ \$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

**Mailing Address** 

Amendment Section Division of Corperations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## T.L.C NAILS & SPA 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 10/08/2012 and ass			ssign	ed		
Florida document number L12000127924	<u> </u>					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ty company here:				
N/A						
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	d Liability Company," the	designation "LLC"	or the	e abbr	eviation
Enter new principal offices address, if applicable	le:	N/A				
(Principal office address MUST BE A STREET A	ADDRESS)	<u>.</u>				
			* ,		<del></del>	
			:57		1 DE	<u>:</u> - ,
Enter new mailing address, if applicable:		N/A		·.	<u></u>	,·
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		.1	• .	<del>ch</del>	
					-14j	·
						. '. 1
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter the base</u>	name	<u>⊶eftl</u> ໝ	<u>he new</u>
Name of New Registered Agent:	BRIAN TRAI	NG				
New Registered Office Address:	6345 NAPLE	S BLVD UNIT 5				
		Enter Flor	ida street address	ı		
	NAPLES		_, Florida <u>3410</u>	9		
-		City	Z	Zip Co	de	
New Registered Agent's Signature, if changing Reg	istered 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 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.

X If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRI NGUYEN	6345 NAPLES BLVD UNIT	5 Add
		NAPLES FL 34109	Remove
MGR	MCKENZIE NGUYEN	6345 NAPLES BLVD UNIT	
		NAPLES FL 34109	Remove
MGRM	BRIAN TRANG	6345 NAPLES BLVD UNIT	5 🕢 <sub>Add</sub>
		NAPLES FL 34109	Remove
MGRM	RANDY TRAN	6345 NAPLES BLVD UNIT 5	- di
	•	NAPLES FL 34109	CD Remove
			- Add
			Remove
			Add
			Remove

	ation, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
,	
Dated 12/01	
	* Amusha
Si	gnature of a member or authorized representative of a member
BRIAN TRANG	G
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00