

L12000138609

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 10 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**QUEENS NAILS AND SPA, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**PHUOC T DO**

\_\_\_\_\_  
Name of Person

**QUEENS NAILS AND SPA, LLC**

\_\_\_\_\_  
Firm/Company

**1365 E. OSCEOLA PARKWAY**

\_\_\_\_\_  
Address

**KISSIMMEE, FL 34744**

\_\_\_\_\_  
City/State and Zip Code

**VNLE74@YAHOO.COM**

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

For further information concerning this matter, please call:

**PHUOC T DO**

**407 518-1458**

\_\_\_\_\_  
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**

**QUEENS 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 10/31/2012 and assigned  
Florida document number L12000138609.

This amendment is submitted to amend the following:

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

**QUEENS NAILS AND SPA, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "or the abbreviation  
"L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1365 E. OSCEOLA PARKWAY

KISSIMMEE, FL 34744

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1365 E. OSCEOLA PARKWAY

KISSIMMEE, FL 34744

**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: PHUOC T DO

New Registered Office Address: 1365 E. OSCEOLA PARKWAY

*Enter Florida street address*

KISSIMMEE

Florida

34744

*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.*

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PHUOC T DO	1365 E. OSCEOLA PARKWAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
MGR	HOANG HAI LE	1365 E. OSCEOLA PARKWAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE THE "REGISTERED AGENT" TO

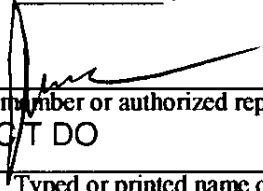
PHUOC T DO UNDER "ARTICLES OF ORGANIZATION"

AND REMOVE "HOANG HAI LE" OUT OF THE ARTICLE

OF ORGANIZATION. PLEASE SEND ME THE

"CERTIFICATE OF STATUS" UNDER PHUOC T DO.

Dated JANUARY 30TH, 2014

  
Signature of a member or authorized representative of a member  
PHUOC T DO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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