

L13000030547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700331624087

07/03/19 - 01010--007 *933.00

FILED

2019 JUL -9 AM 11:20

Y SULKER

JUL 18 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 51ST ROYAL NAILS SPA LLC
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:

HANH NGUYEN

Name of Person

51ST ROYAL NAILS SPA LLC

Firm/Company

4836 CORTEZ ROAD W

Address

BRADENTON, FL 34210

City/State and Zip Code

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

For further information concerning this matter, please call:

HANH NGUYEN

316

708-6210

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**

51ST ROYAL 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 FEBRUARY 25, 2013 and assigned
Florida document number L13000030547.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4836 CORTEZ ROAD W

BRADENTON, FL 34210

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: HANH NGUYEN

New Registered Office Address: 4836 CORTEZ ROAD W
Enter Florida street address

BRADENTON, Florida 34210
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 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	KHOA VINH	1889 WOOD HOLLOW CT	<input type="checkbox"/> Add
		SARASOTA, FL 34235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANH NGUYEN	10701 EAST BOSTON ST	<input checked="" type="checkbox"/> Add
		WICHITA, KS 67207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2019 JUL -9 AM 12:25
ST. LOUIS, MO

2019 JUL -3 AM 12:00
STATION 100
T-1

FILED
2019 JUL -9 AM 12:25
ST. LOUIS
MO

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.

Dated MAY 28, 2019


Signature of a member

Signature of a member or authorized representative of a member

KHOA VINH

Typed or printed name of signee