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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIFCT

L'ACQUA NAIL 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:

Sandy Nguyen

Name of Person

L'ACQUA NAIL SPA LLC

Firm/Company

9909 NW 76TH ST

Address

TAMARAC, FL 33321

City/State and Zip Code

lacquanailspa@gmail.com

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

For further information concerning this matter, please call:

Sandy Nguyen

_{at} 954, 790-4986

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

L'ACQUA NAIL 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 Liab	bility Company v	were filed on March 27, 2013	and assigned	d
Florida document number U3000045399	· · · · · · · · · · · · · · · · · · ·		701 TAS	
This amendment is submitted to amend the follow	ving:		2014 JAH SECKET TALLAH	$\overline{\Pi}$
A. If amending name, enter the new name of t	he limited liabil	ity company here:	JARY O	П
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the designation	"LLC" or the the	reviatio
Enter new principal offices address, if applical	ble:	1467 South University Drive, Building 6		
(Principal office address MUST BE A STREET ADDRESS)		Plantation, FL 33324	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Box)	<u>0x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			r the name of th	<u>he nev</u>
Name of New Registered Agent:				
New Registered Office Address:	1467 South	University Drive, Building Enter Florida street ad		
	Plantation	, Florida	33324	
		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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			ALCO Add ALCO ACCORDANCE ACC
			JA JA Rempve
			PH IZ:
			Remove
			Remove
			Add
			Remove
			Add
			Remove

•	_ ,	(s) here: (Attach additional sheets, if necessary.) 465 South University Drive, Building 6, Plantation, FL 33324					
14	1467 South University Drive, Building 6,						
Pla	ıntation, FL 33324						
E. Effective d	ate, if other than the date of filing:	(optional) d cannot be more than 90 days after filing.) (605					
_	ary 5 , 201		.0207 (3)(0)				
-	Sandy N	or authorized representative of a member OULCN or printed name of signee					
	J.,,,,	Page 3 of 3					

Filing Fee: \$25.00

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