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(Re	questor's Name)		
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PICK-UP	☐ WAIT	☐ MAIL	1
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Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Registration Section

Division of Corporations *

SUBJECT: Ngoc Han Nu Hoang's Tip and Toe Nails, 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:

Ngoc Han Nu Hoang

Name of Person

Tip N Toe Nails

Firm/Company

5100 N. 9th Ave, Suite E531A NE

Address

Pensacola, FL 32504

City/State and Zip Code

hannal00@yahoo.com

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

For further information concerning this matter, please call:

Angie Hawker

_{...}850、932-8410

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 ARTICLES OF ORGANIZATION **OF**

Ngoc Han Nu Hoang's Tip and Toe ,	Els, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2013 and assigned
Florida document number L1300008' '75	
This amendment is submitted to amend is sollowing:	
A. If amending name, enter the new nat. • `the limited liab	ility company here:
Ngoc Han Nu Hoang's Tip N Toe, کسینمالی اللے	
The new name must be distinguishable and end with the words "Limited Liab	sility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5100 North 9th Ave, Ste 1-635
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32504
	5100 North 9 th Ave. Ste E531A NE
Enter new mailing address, if applicable:	Pensacola, FL 32504
(Mailing address MAY BE A POST OFFICE BOX)	r erisacola, i E 02304
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the nev
registered agent and/or the new registered office address her	
	200
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

amending any other information	on, enter change(s) here: (Attach additional sheets, if necessar
•	
	ate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after
ne date this document is filed by the Florionated August 4	2014
1	So Clarkber
Si	gnature of a member or authorized representative of a member
Ngoc Han Nu l	Hoang
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00