2/3000/37777

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number))
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SECRETARY OF SIMILENS DIVISION OF CORPORATIONS

N COOPER JUL 3 1 2018



June 22, 2018

CHE LE 8056 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068 US

SUBJECT: FIRST NAILS SPA, LLC

Ref. Number: L13000137777

We have received your document for FIRST NAILS—SPA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 118A00013090

B)

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	FIRST	NAILS SPA, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
·		CHE LE	RECENTED 2018 JUN 22 AM 10: 56 DEPARTMENT OF ST DEPARTMEN
		FIRST NAILS SPA LLC	3 CON 12 11 11 11 11 11 11 11 11 11 11 11 11
		Firm/Company	
	86	056 WEST MCNAB ROAD	. 56
		Address	
	١	ORTH LAUDERDALE, FL 3306	8
		City/State and Zip Code	-
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
NGA N	NGUYEN	786 797-4921	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corporation Publishers	n
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

9

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIRST NAILS SE	A, LLC				
(<u>Name of the Limit</u>	ed Liability Compan (A Florida Limited L	y as it now appe lability Company	ars on our records.)		_	
The Articles of Organization for this Limited L Florida document numberL13000137777	iability Company v	were filed on _	09/30/2013	and	assign	ed
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabi	lity company	<u>here</u> :			
The new name must be distinguishable and contain the v	ords "Limited Liabili	ty Company," the	: designation "LLC" or th	ne abbreviation	"L.L.C	
Enter new principal offices address, if applic	able:					0
(Principal office address MUST BE A STREE	T ADDRESS)				- & -	0 S1,
				.	الـ 20	FILE PF CC
Enter new mailing address, if applicable:					_꽃_	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)				<u> </u>	-R X-R
					38	10 K
B. If amending the registered agent and registered agent and/or the new registered o			on our records, <u>en</u>	ter the nan	ne of	the new
Name of New Registered Agent:	NGA NGUYEN	l				
New Registered Office Address:	1406 SW 83R	D AVE				
		Enter F	lorida street address			
	NORTH	H LAUDERDA	LE, Florida	33068		
		City		Zip Co	ode	

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGRM	CHE LE	1409 SW 82ND TERRACE	
		N. LAUDERDALE, FL 33068	■ Remove
			□ Change
AMBR	NGA NGUYEN	1406 SW 83RD AVE	
		N. LAUDERDALE, FL 33068	□ Remove
			□ Change
AMBR	HUE T. LE	1212 SW 81ST TERRACE	■ Add
		N. LAUDERDALE, FL 33068	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
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AND REMOVE THE NAME	OF CHE LE						
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ctive date, if other than the effective date is listed, the date must	be specific and	l cannot be p	rior to date of	filing or more	than 90 days at	tional) ter filing.) Pursua	ant to 605
If the date inserted in this bloment's effective date on the De				utory tiling r	equirements, t	his date will no	it be liste
ecord specifies a delayed se 90th day after the reco			not an ef	fective tin	ne, at 12:03	a.m. on the	e earlie
dJm	16	201	8				
		-1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



June 22, 2018

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Letter Number: 118A00013090

Judy A Leggett Regulatory Specialist II Registration Section

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