

L13000167661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

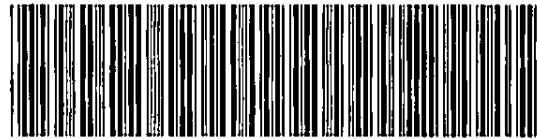
(Business Entity Name)

(Document Number)

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20 MAR -9 PM 2:27
OFFICE OF CORPORATIONS

Amend

MAR 24 2020

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ANGEL NAILS AND SPA OF WATERCOLOR

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:

HUNG DUY VO

Name of Person

ANGEL NAILS AND SPA OF WATERCOLOR

Firm/Company

174 WATERCOLOR WAY STE 104

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

duydan2006@gmail.com

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

For further information concerning this matter, please call:

HUNG DUY VO

502 299-9906

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2014-09-11 PM 2:27
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANGEL NAILS AND SPA OF WATERCOLOR

(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 12/3/2013 and assigned
Florida document number L13000167661.

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)

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:

HUNG DUT VO

New Registered Office Address:

174 WATERCOLOR WAY STE 104

Enter Florida street address

SANTA ROSA BEACH

Florida 32459

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 anien ding 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	HUNG DUY VO	174 WATERCOLOR WAY	<input checked="" type="checkbox"/> Add
		SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHNNY T LE	174 WATERCOLOR WAY	<input type="checkbox"/> Add
		SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 6 2020

Signature of a member or authorized representative of a member

Hong Dey VO
Typed or printed name of signee

Filing Fee: \$25.00