

L14000030861

(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



800271349178

04/29/15--01001--003 **60.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
15 APR 28 PM 3:09
TO BE FORWARDED
TO AGENCY OF FILING

15 APR 28 PM 3:18
FILED
CORPORATE AFFAIRS
DIVISION
DEPARTMENT OF STATE

N. Gulligan APR 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY DAY 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:

QUOC-THANG NGO MAI
Name of Person

CITY DAY SPA
Firm/Company

1500 APALACHEE PARKWAY
Address

SUITE 2425 TALLAHASSEE FL 32301
City/State and Zip Code

THANGMAI25@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WINSTON at (440) 994 4099
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

APPROVED
FILED

15 APR 28 PM 3:18

CITY DAY SPALL

RECEIVED
TALLAHASSEE, FLORIDA

(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 04/28/2015 and assigned
Florida document number L 14000030861

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 end with 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**)

1500 APALACHEE PARKWAY
SUITE 2425 TALLAHASSEE
FL 32301

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1500 APALACHEE PARKWAY
SUITE 2425 TALLAHASSEE
FL 32301

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:

QUOC-THANG NGO MAI

New Registered Office Address:

1500 APALACHEE PARKWAY. STE. 2425

Enter Florida street address

TALLAHASSEE

Florida

32301

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.

Quoc Mai

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	QUOC-THANG N. MAI	1500 APALACHEE PKWY STE. 2425 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAGER	TRANG HOANG	1500 APALACHEE PKWY STE 2425 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	HIEU T NGUYEN	1500 APALACHEE PKWY STE 2425 TALLAHASSEE FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	PHAN, ANH N	1500 APALACHEE PKWY STE 2425 TALLAHASSEE FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 28th, 2015

Quoc Mai

Signature of a member or authorized representative of a member

QUOC-THANG NGO MAI

Typed or printed name of signee

RECEIVED
FLORIDA DEPARTMENT OF STATE
APR 28 2015

15 APR 28 PM 3:18

APR 28 2015