

L14000079275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

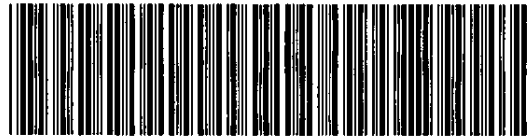
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265946391

11/03/14--01026--026 **35.00

FILED

2014 DEC -5 P 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC - 8 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

VAN SPA. @ 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:

BADY NGUYEN
Name of Person

VAN SPA. @ NAILS LLC
Firm/Company

919 LAKELAND PARK CENTER # 364
Address

LAKELAND FL 33809
City/State and Zip Code

badnguyen1973@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BADY NGUYEN
Name of Person

at (863)
Area Code

512-9964
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

DEC -5 P 3:20
SECRETARY OF STATE
TALLAHASSEE, FL 32309

FILED

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

B & C SALON 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 Liability Company were filed on 05-15-2014 and assigned

Florida document number L14000079275

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Van Spa & Nails LLC
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)

910 LAKELAND PARK CENTER DR
LAKELAND, FL 33809

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:

New Registered Office Address:

Enter Florida street address

, Florida

City

FILED
2014 DEC -5 P 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014
REC-5
P
3:20
SECRETARY
OF THE
ILLINOIS
LEGISLATURE
JAN 21 2014

FILED

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

CHANGE TO VAN SPA & NAILS-LLC
FROM BDC SALON LLC.

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 12-01-2014 , _____

Signature of a member or authorized representative of a member
x [Signature] BAOUN GUYEN
Typed or printed name of signee

FILED
2014 DEC -5 P 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

BAO VINH NGUYEN
VAN SPAR & NAILS, LLC
919 LAKELAND PARK CENTER, SUITE 364
LAKELAND, FL 33809

SUBJECT: B & C SALON, LLC
Ref. Number: L14000079275

We have received your document for B & C SALON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00024731

2014 DEC -5 P 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED