

L140000 89630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

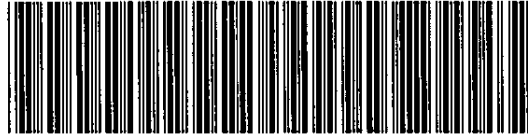
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 15 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SOUTH BEACH NAILS & SPA LLC

SUBJECT: _____
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:

VOC NGUYEN

Name of Person

SOUTH BEACH NAILS & SPA

Firm/Company

5777 GREAT EGRET DR

Address

SANFORD/ FLORIDA 32773

City/State and Zip Code

kazulas@yahoo.com

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

For further information concerning this matter, please call:

Lee Nguyen

407

6900865

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

SOUTH BEACH NAILS & SPA 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 9/10/2015 and assigned
Florida document number L14000089630.

This amendment is submitted to amend the following:

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

SOUTH BEACH NAILS LLC

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)

7800 S. US 17-92 SUITE 136

FERN PARK, FL 32730

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5777 GREAT EGRET DR

SANFORD, FL 32773

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:

VOC NGUYEN

New Registered Office Address:

5777 GREAT EGRET DR

Enter Florida street address

SANFORD

Florida 32773

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

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 | NGUYEN, VOC | 5777 GREAT EGRET DR | <input checked="" type="checkbox"/> Add |
| | | SANFORD, FL 32773 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | NGUYEN, THI | 785 E BAY AVE | <input checked="" type="checkbox"/> Add |
| | | LONGWOOD, FL 32750 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | TRAN, KATIE T | 855 BISHOP DR | <input type="checkbox"/> Add |
| | | ALTAMONTE SPRINGS, FL | <input checked="" type="checkbox"/> Remove |
| | | 32701 | <input type="checkbox"/> Change |
| MGR | NGUYEN, PHUONG K | 855 BISHOP DR | <input type="checkbox"/> Add |
| | | ALTAMONTE SPRING, FL | <input checked="" type="checkbox"/> Remove |
| | | 32701 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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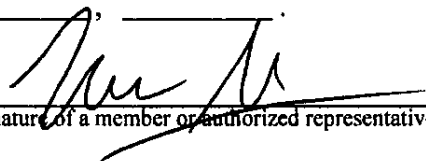
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10TH OF SEPTEMBER 2015



Signature of a member or authorized representative of a member

VOC NGUYEN

Typed or printed name of signee

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