

L14000091726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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06/23/14--01027--018 **25.00

FILED
14 JUN 23 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2014
T. BROWNE

COVER LETTER

**TO: Registration Section
Division of Corporations**

LEGACY 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:

Anh T. Huynh

Name of Person

LEGACY NAILS & SPA, LLC.

Firm/Company

3705 TAMPA RD. UNIT 7

Address

OLDSMAR, FL. 34677

City/State and Zip Code

HUYNH8412@GMAIL.COM

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

For further information concerning this matter, please call:

ANH T. HUYNH

813 503-1083

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

LEGACY NAILS & SPA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/09/2014 and assigned
Florida document number L14000091726.

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)

3705 TAMPA RD.

UNIT 7

OLDSMAR, FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3705 TAMPA RD.

UNIT 7

OLDSMAR, FL 34677

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

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

Authorized member being added or removed from our records.

MGR = Manager

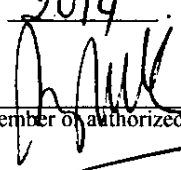
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|-------------------|--|
| P | ANH T. HUYNH | 3705 TAMPA RD. | <input type="checkbox"/> Add |
| | | UNIT 7 | <input checked="" type="checkbox"/> Remove |
| | | OLDSMAR, FL 34677 | |
| VP | CHI T. TRAM | 3705 TAMPA RD. | <input type="checkbox"/> Add |
| | | UNIT 7 | <input checked="" type="checkbox"/> Remove |
| | | OLDSMAR, FL 34677 | |
| MGR | ANH T. HUYNH | 3705 TAMPA RD. | <input checked="" type="checkbox"/> Add |
| | | UNIT 7 | <input type="checkbox"/> Remove |
| | | OLDSMAR, FL 34677 | |
| MGR | CHI T. TRAM | 3705 TAMPA RD. | <input checked="" type="checkbox"/> Add |
| | | UNIT 7 | <input type="checkbox"/> Remove |
| | | OLDSMAR, FL 34677 | |
| | | | <input type="checkbox"/> Add |
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| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |

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 06/18, 2014.



Signature of a member or authorized representative of a member

ANH - T - HUYNH

Typed or printed name of signee