

L14000101800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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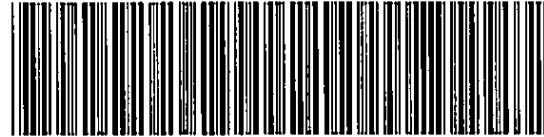
(Business Entity Name)

(Document Number)

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JUL 05 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**NAIL ENVY 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:**

CHANG, LYNN N

Name of Person

NAIL ENVY SPA, LLC

Firm/Company

1825 TAMiami TRAIL C-1

## Address

PORT CHARLOTTE , FL 33948

City/State and Zip Code

GIANRO13@GMAIL.COM

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

**For further information concerning this matter, please call:**

LYNN CHANG

707 8030772

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**

NAIL ENVY 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 06/25/2014 and assigned  
Florida document number L14000101800

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:

CHANG, LYNN N

New Registered Office Address:

2411 SUNNINGLOW ST

*Enter Florida street address*

PORT CHARLOTTE

Florida

33948

*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>
AMBR	TRAN, CAM THAO T	21225 QUESADA AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE	<input checked="" type="checkbox"/> Remove
		FL 33952	<input type="checkbox"/> Change
MGR	BUI, TUAN P	21228 QUESADA AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE	<input checked="" type="checkbox"/> Remove
		FL, 33948	<input type="checkbox"/> Change
AMBR	CHANG, LYNN N	2411 SUNNINGLOW ST	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE	<input type="checkbox"/> Remove
		FL 33948	<input type="checkbox"/> Change
MGR	CHANG, LYNN N	2411 SUNNINGLOW ST	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE	<input type="checkbox"/> Remove
		FL 33958	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FL 33958  
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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 JUNE, 20 2019

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Chang, Lynn N  
\_\_\_\_\_  
Typed or printed name of signee