L14000 115077

| (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: |
| |
| |
| 7/ <u>7/21</u> |

Office Use Only



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APR 1 2 2021

04/13/21--01014--028 **52.50

21 JUL -2 PH 2: 35

June 2, 2021

THANH TUNG NGUYEN 9841 W. GLADES RD #E04 BOCA RATON, FL 33434

SUBJECT: BOCA NAIL BAR, LLC Ref. Number: L14000115077

We have received your document for BOCA NAIL BAR, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tekayla T Matthews OPS

Letter Number: 521A00011951

www.sunbiz.org

COVER LETTER

| DIVISION OF CO | rporations . | | |
|-----------------------------|--|---|---|
| SUBJECT: <u>Bocc</u> | Nan Bur LLC Name of Limited | Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are submitt | ed for filing. | |
| Please return all correspo | ondence concerning this matter to the | he following: | |
| | • | | • |
| | Thanh Tung | Name of Person Nguy | e 1 |
| | Boca Nail B | Firm/Company | |
| | 9841 West | alades Road Address | Suite \$ 104 |
| | Boca Raton | FL 33434 ity/State and Zip Code | |
| | Nguyen 9991 E-mail address: (to be | used for future annual report notification | n) |
| For further information co | oncerning this matter, please call: | | |
| Thunh Tun Name of | g Nace Naugen | at (954) 665-8 Area Code Daytime Tele | phone Number |
| Enclosed is a check for the | c following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & □ Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Boca Nail | Bar, L | -LC_ 2 | 1 JUL -2 PM 2 | <u>: 40</u> |
|--|--------------------------------------|--|----------------------------|---------------------------|
| (Name of the Limited (A | Liability Compa Florida Limited I | ny as it new appears Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number | | were filed on | 1/21/2014 | and assigned |
| This amendment is submitted to amend the following | ing: | | | |
| A. If amending name, enter the new name of th | e limited liab | lity company her | <u>e</u> : | |
| The new name must be distinguishable and contain the word | s "Limited Liabil | ity Company," the des | ignation "LLC" or the | abbreviation "LLC" |
| Enter new principal offices address, if applicable | | | | abbreviation L.L.C. |
| (Principal office address MUST BE A STREET A | (DDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | X) | | | |
| | | | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address h | stered office a ere: | ddress on our rec | ords, <u>enter the n</u> : | nme of the new registered |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | <u> </u> | Enter Florida | strect 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

| | 21 JUL -2 PH 2: 40 |
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| effective of the second | date, if other than the date of filing: |
| filed. | |
| | June 24th 2021. |
| i | |
| 1 | Signature of a membersor authorized representative of a membersor |