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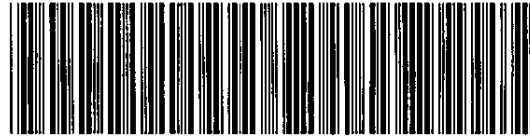
(Business Entity Name)

(Document Number)

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AUG 04 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sammi Nail Salon 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:

Li Ping Wang
Name of Person

Sammi Nail Salon LLC
Firm/Company

735 N Courtenay Pkwy
Address

Merritt Island, FL 32953
City/State and Zip Code

Eva1222@99.com

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

For further information concerning this matter, please call:

Li Ping Wang
Name of Person

at (321) 506-5846
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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

Sammi Nail Salon LLC

The Articles of Organization for this Limited Liability Company were filed on 7/25/2014 and assigned Florida document number L14000117521.

Page 1 of 3

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>
AMBR	Lizhen Wang	749 52ND ST BROOKLYN NY 11220	☒ Add
			☐ Remove
			☐ Add
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TALLAHASSEE, FLORIDA

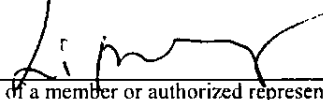
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 July 30 2014

x



Signature of a member or authorized representative of a member

Li Ding Wang

Typed or printed name of signee

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