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	ddress)	
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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	)
(D	ocument Number)	
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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	





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SEARCH DRRY OF STATE
ALLAHASSEL FLORIOA

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: LK NAILS	S SPA LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.	
	ondence concerning this matter to	J	
	LARRY VO		
		Name of Person	
	LK NAILS SPA LLC		
		Firm/Company	
	21175 BISCAYNE BLVD		
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	E-mail address. (to	be used for future annual report notif	ication)
For further information	concerning this matter, please call	l:	
LARRY VO		21.205 466-	777 1
Name	of Person	Area Code Daytime	777 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LK NAILS SPA LLC					
	(Name of the Limite	ed Liability Company (A Florida Limited Lia	y as it now appear ability Company)	s on our records.)		
	f Organization for this Limited Lie ent number $\frac{\text{L}14000192227}{\text{L}14000192227}$				<u>4</u> a	and assigne
his amendme	ent is submitted to amend the follo	wing:				
If amendi	ng name, <u>enter the new name of</u>	the limited liabil	ity company he	<u>re</u> :		
he new name n	ust be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the di	esignation "LLC" or	the abbrevia	tion "L.L.C."
Enter new pr	incipal offices address, if applica	able:				
Principal off	ice address MUST BE A STREE	T ADDRESS)				
	ailing address, if applicable: ess MAY BE A POST OFFICE I	BOX)				
	ding the registered agent and/eent and/ent and/or the new registered of			our records, s	enter the	16
egistered ag				our records, s	enter the	16 MAY
<mark>egistered ag</mark> <u>Nam</u>	ent and/or the new registered of			our records, s	enter the ALLAHASSES	16 MA
registered ag <u>Nam</u>	ent and/or the new registered of			our records, serida street address	ALL AHASSI L. FL	16 MAY

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KRISTY T NGUYEN	7015 STIRLING RD. DAVIE, FL: 33314	<b>∃</b> Add
			☐ Remove
			☐ Change
		<del></del>	Add
			□ Remove
			☐ Change
			Add
			□ Remove
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			☐ Change

Effective date, if other than the date of filing:  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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Signature of a member or authorized representative of a member	ii amene	ding any other inform	anon, enter ena	nge(s) nere. 7	шися смантям	ancers, y neces	19. j	
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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.	1					· · · · · · · · · · · · · · · · · · ·		
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	THE 9	our day after the re	cora is mea.					,
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Signature of a member or authorized representative of a member		- Fulle	7				25 % 25 %	_
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Filing Fee: \$25.00