

L15000030400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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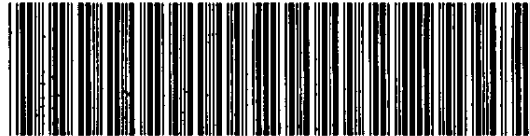
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUN 03 2016

Warren
S. MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nail Boutique & Spa Bonita 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:

NGUYEN, Anh Thi Ngoc

Name of Person

Nail Boutique & Spa Bonita LLC

Firm/Company

309 Crystal Pond Ave

Address

Deland, FL 32720

City/State and Zip Code

t@nailboutiquespa.com

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

For further information concerning this matter, please call:

Thi Nguyen

404 844-3337
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

On, if this document
the limited liability

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CLERK OF DISTRICT COURT
FLORIDA
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ho, Le My	3300 Bonita Beach Road # 146	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ho, Terry	3300 Bonita Beach Road # 146	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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 April 25

2016

Signature of a member or authorized representative of a member

NGUYEN, Anh Thi Ngoc

Typed or printed name of signee

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Filing Fee: \$25.00

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