

L15000155638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

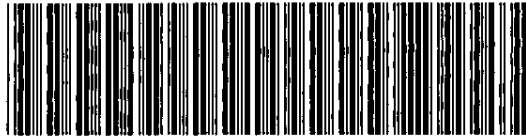
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000280061040

03/14/17--01024--009 **50.00

17 MAR 14 PM 3:01

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304

EFFECTIVE DATE

5/14

MAR 15 2017

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naillinis Spa 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:

Lien Phan
Name of Person
Naillinis Spa LLC
Firm/Company
8542 Palm Parkway
Address
Orlando, FL 32836
City/State and Zip Code
lk.phan2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lien Phan at (407) 625-3878
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 14 PM 3:01

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Naillinis 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 09/11/2015 and assigned
Florida document number LI5000155638

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Keep the same name as Naillinis Spa LLC

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:

8542 Palm Parkway

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32836

Enter new mailing address, if applicable:

8542 Palm Parkway

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32836

**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:

Lien Phan

New Registered Office Address:

8542 Palm Parkway

Enter Florida street address

Orlando

Florida 32836

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

3/13/2017

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 14 PM 3:01

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

Title	Name	Address	Type of Action
AMBR	Stephanie M Pineda	1918 Great Falls Way	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lien Phan	8542 Palm Parkway	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR 14 PM 3:01
FALM/ETC/10007
SECRETARY OF STATE

[illegible]

SECRETARY OF STATE
FALL HARBOR, FLORIDA
17 MAR 14 PM 3:01

(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.

Dated 13th of March 2017

Signature of a member or authorized representative

Typed or printed name of signer