

L15000 199391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

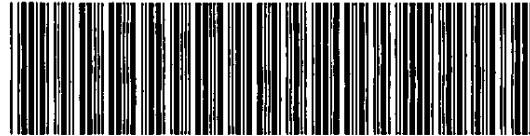
(Business Entity Name)

(Document Number)

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DEC 28 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Violet Nails & Spa LLC**

**SUBJECT:** \_\_\_\_\_  
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:**

Tuan T Bui

Name of Person

**Violet Nails & Spa LLC**

Firm/Company

10684 Gandy Blvd N

**Address**

St.Petersburg, FL 33702

City/State and Zip Code

violetnailsandspa85@yahoo.com

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

**For further information concerning this matter, please call:**

Tuan T Bui

321      313 7613

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

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

Vioiolet Nails anh 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 11/30/2015 and assigned  
Florida document number L15000199391.

This amendment is submitted to amend the following:

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

Violet Nails & 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

2015 DEC 28 PM 3:31	STATE OF FLORIDA
ALBANY STREET	FLORIDA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2015 DEC 28 PM 3:31	STATE OF FLORIDA
ALBANY STREET	FLORIDA

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street 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**

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2015 DEC 8 P 3:33  
 OFFICE OF THE  
 ATTORNEY GENERAL  
 TALLAHASSEE, FLORIDA

[illegible]

**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 December 16th, 2015

Tribes

Signature of a member or authorized representative of a member

TUAN T BUI

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

STATE  
FLORIDA

2015 DEC 28 3:31