

L16000007825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 OCT 17 P 3:41  
TALLAHASSEE, FLORIDA

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D. BRUCE  
OCT 18 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Artisan Nails & 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:

Thao Ngo  
Name of Person

Artisan Nails & Spa LLC  
Firm/Company

59 E. Palmetto Park road  
Address

Boca Raton, FL 33442  
City/State and Zip Code

mtn5076@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thao Ngo or Mary Ngo at (717) 300-0338  
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

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Artisan Nails & Spa LLC

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2016 OCT 17 PM 3:41  
Zip Code  
FAL LAHASSER, LORINDA

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>
Mr.	Thao Ngo	4313 NW 1st Place	<input type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mrs. Amber	Dung Le	4313 NW 1st Place	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33442	<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

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CLERK

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

Just removing Thao Ngo as manager  
or having any relations under this business.  
Dung Le will be the new owner under  
this business, Artisan Nails & Spa.

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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 October 10, 2016.

Thao Ngo Signature of a member or authorized representative of a member

Thao Ngo Dung Le  
Typed or printed name of signee