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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 06 2017

February 01, 2017

Famous Nails Spa LA, LLC
1340 Homestead Road N
Lehigh Acres, FL 33936
(2390 368-7667)

To: Registration Section
Division of Corporation

Regarding FD number: L 16000075432, Filed on 04/18/2016

To Whom It May Concern:

Dear Sir or Madam:

On April 18, 2016, our cousin's Kevin Nguyen had been helped us to fill out the Famous Nails Spa LA, LLC as the Limited Liability Company. However, Mr. Kevin Nguyen had mistake to file the name MGR (Manager) and AMBR (Authorized Member), and we kept asking him to help us to correct it, but still not yet has been corrected.

So, please help us to change and amend the MGR and AMBR, but the Registered Agent leave it the same.

THOMAS THANH VAN NGUYEN as MGR (Manager)
NHON T LE as AMBR (Authorized Member)

If you have any question concern about this amending, please contact us at (239) 834-8770 or (239) 368-7667.

We would be appreciated for all your help.

Sincerely,

Thomas Thanh Van Nguyen (MGR)

Nhon T Le (AMBR)

PS: enclosing \$60 money order check.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMOUS NAILS SPA LA, 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:

NHON T LE

Name of Person

FAMOUS NAILS SPA LA, LLC

Firm/Company

1340 HOMESTEAD ROAD NORHT

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

THOMASNGUYEN6993@YAHOO.COM

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

For further information concerning this matter, please call:

NHON T LE

239

834-8770

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**

FAMOUS NAILS SPA LA, 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 04/18/16 and assigned
Florida document number L16000075432.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 _____

FILED
MAR 23 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	THOMAS THANH-VAN NGUYE	921 ALBERT AVENUE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NHON T LE	921 ALBERT AVENUE	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<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.)*

To Whom whose May Could Help:

Please help us to correct and Title MGR. and AMBR.

ALso, add the Employer Identification Number, if needed.

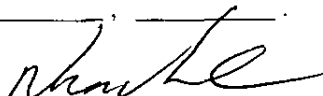
E. Effective date, if other than the date of filing: 02/01/2017 (optional)

(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 02/01, 2017


Signature of a member or authorized representative of a member

NHON T LE

Typed or printed name of signer

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JAN 30 - 3 P 4: 32
SECRETARY OF STATE
TAMM HALL, FLORIDA