L16000176193

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Co			
NEW IMA	GE NAILS DTS LLC		•
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tien Ngo		a
		Name of Person	
	NEW IMAGE NAILS DT	SLLC	in the second section of the second
		Firm/Company	
	2129 66TH STREET NOR	тн	
		Address	
	SAINT PETERSBURG, F	L 33704	
		City/State and Zip Code	
•	NGO.CATTIEN@YAHOO	•	•
•	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please co	all:	
TIEN NGO		727 343 - 6708	;
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	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

NEW IMAGE NAILS DTS LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I		TEMBER 21ST, 2016 and assigned
lorida document number L16000176193	***	
this amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and egistered agent and/or the new registered of	l/or registered office address on ffice address here:	our records, enter the name of the
Name of New Registered Agent:	TIEN NGO	
New Registered Office Address:	2129 66TH STREET NORTH	
	Enter Floric	la street address
	SAINT PETERSBURG	, Florida ³³⁷⁰⁴
	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>	Address	Type of Action
MGR	ANHDAO T. TRINH	2129 66TH STREET NORTH	
		ST. PETERSBURG, FL 33704	■ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			6 0 Al 17
			Remove
			☐-Change
			□ Remove
			□ Change
			Add
			Remove
			Change.

Please remove Anh Dao T, Trinh (MGI	₹)						
Please change Registered Agent to Tier	ı Ngo						
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					PON DE	<u></u>	_ (
	Oct 9th, 2	2016			3		
ective date, if other than the date of fine effective date is listed, the date must be specific te: If the date inserted in this block does not be sument's effective date on the Department	and cannot be pri tot meet the appl	or to date of filin	g or more than 90 y filing requirem	(optiona days after filinents, this dat	ig.) Pursu:	ant to 60 ot be lis)5.02 sted :
record specifies a delayed effectiv he 90th day after the record is file		not an effect	ive time, at :	12:01 a.m	. on th	e earl	ier
ed Oct 9th	2016						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00