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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

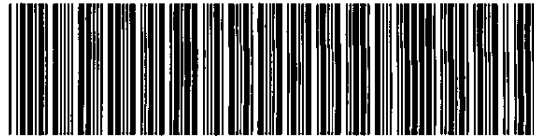
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2017 JAN -9 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2016

DE VAN
6424 SW 84TH TERR
GAINESVILLE, FL 32608

SUBJECT: VENUS NAILS & SPA, LLC
Ref. Number: L16000196694

RECEIVED
2017 JAN -9 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for VENUS NAILS & SPA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00027416

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VENUS NAILS & SPA, LLC
DE VAN
6424 SW 84TH TER
GAINESVILLE, FL 32608

Dear, Florida Department of State (Division of Corporation)

I have sent an article of amendment to the Division of Corporation to have my LLC change its name, but the article has been sent back to me as my request, so the document has not been filed.

However, after I received back the document, I would like to make the amendment. Thus, I write this letter enclosed my new documents to let you know that I do not want the refund, and I want to file the amendment to have my LLC name is changed.

Sincerely,
De Van

Florida, 01/06/2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venus 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:

De Van
Name of Person

Firm/Company

6424 SW 84th Ter
Address

Gainesville, FL 32608
City/State and Zip Code

VANKHAHUE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De Van at (352) 278 8455
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**

Venus Nails & Spa, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/25/2016 and assigned
Florida document number L16000196694.

This amendment is submitted to amend the following:

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

VYNUS 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)

2803 SW 42nd Street
Suite 40
Gainesville, FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6424 SW 84th ter
Gainesville, FL 32608

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:

De Van

New Registered Office Address:

6424 SW 84th ter

Enter Florida street address

Gainesville, Florida 32608

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.

De Van

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 01/06/2017, _____.

De Vans
Signature of a member or authorized representative of a member

De Vans
Typed or printed name of signee