1600020	8188
(Requestor's Name) (Address) (Address)	000301365840
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	07/24/1701038027 **25.00
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TO: '	Registration Se Division of Cor			t			
		ETIQUE & SPA VERO BEACH	LLC	<u>r</u>	-		
SUBJI	·CT:	Name of Limite	ed Liability Company	y 			
The en	closed Articles of	Amendment and fee(s) are submi	itted for filing.				
Please	return all correspo	indence concerning this matter to	the following:	:) 			
		THANH LE					
			Name of Persor)			
		NAIL BOUTIQUE & SPA V	ERO BEACH LL	.Ç			
			Firm/Company				
		1275 US HIGHWAY I UNI	Т 5				
			Address	j			
		VERO BEACH FL 32960					
	City/State and Zip Code						
		VAN4872@AOL.COM	÷				
		E-mail address: (to	be used for future an	nual report notification	n)		
For fur	ther information c	oncerning this matter, please call	:			,	
THAN	HLE		772 at (5692427	ALL	2017	
	Name o	f Person	Area Code	Daytime Tele	phone Number	2017 JUL 24	
Enclos	ed is a check for th	he following amount:			[1] [1]		m
₽ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Cop (additional copy	ру	Certificateory	fee Stattes&	Ū
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 issee, FL 32314	Regi Divi Clift 2661	REET/COURIER A istration Section iston of Corporations ton Building Executive Center C alassee, FL 32301	s		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ł

NAIL BOUTIQUE & SPA VERO B					
(<u>Name of the Limite</u>)	d Llability Compan A Florida Limited Li	<u>y as it now</u> ability Com	appears on our records.) pany)	}	
The Articles of Organization for this Limited Lia Florida document number L16000208188	bility Company v	ļ			and assigned
This amendment is submitted to amend the follow	wing:	ļ			
A. If amending name, <u>enter the new name of</u>	the limited liabil	lity compa	<u>any here</u> :		
N/A					
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company	" the designation "LLC"	or the abbro	eviation "L.L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				
Enter new mailing address, if applicable:		1275 US	HIGHWAY 1 UNIT 5	TALLAHA	
(Mailing address MAY BE A POST OFFICE B	(αx)	VERO BI	EACH FL 32960		2
Insume united by the period of	<u> </u>		•	FLOR	m D
B. If amending the registered agent and/o registered agent and/or the new registered off			ess on our records,	enter th	Durance of the new
Name of New Registered Agent:					
New Registered Office Address:	1275 US HIGHV	NAYLUN	TT 5		
Enter Florida street address					
	VERO BEACH		, Fior	ida <u>3296</u>	0
	<u> </u>	City			Zip Code
New Registered Agent's Signature, if changing Re	egistered 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

• . . ·

<u>Title</u>	Name	Address	Type of Action
MGR	LALT TRAN	1275 US HIGHWAY 1 UNIT 5	🖬 Add
		VERO BEACH FL 32960	Remove
		 l	Change
MGR	ANH THI NGUYEN	1275 US HIGHWAY 1 UNIT 5	🗆 Add
		VERO BEACH FL 32960	C Remove
			Change
		İ	🗆 Add
			Remove
			Change
 _			🗆 Add
		I	
			Change
			C Add
			Remove
		, 	Change

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	N/A	
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	<u> </u>	
		Τ
E. Effect	tive date, if other than the date of filing:	
(If an ef <u>Note:</u> docun	ffective 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 $p05.02$ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	ф В І ы Э
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	07/19 2017	
	The la	
	Signature of a member or authorized representative of a member	
	THANH LE	
	Typed or printed name of signee	

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

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Page 3 of 3

Filing Fee: \$25.00