

L17000114881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

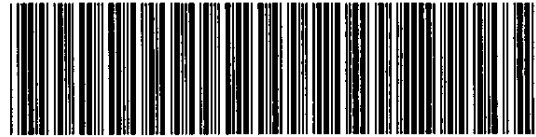
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/31/17--01005--025 **35.00

2017 JUN 12 P 5: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
JUN 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

COLLIN NGUYEN
2990 HAMBLIN WAY
WELLINGTON, FL 33414

SUBJECT: DC NAILS & SPA BOYNTON BEACH FL, LLC
Ref. Number: L17000114881

We have received your document for DC NAILS & SPA BOYNTON BEACH FL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 717A0001087

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TALLAHASSEE, FLORIDA

2017 JUN 12 P 5:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC Nails & Spa Boynton Beach FL, 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:

Collin Nguyen
Name of Person

DC Nails & Spa Boynton Beach FL, LLC
Firm/Company

2990 Hamblin way ^{cn}
Address

Wellington, FL 33414
City/State and Zip Code

Collinguyen2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Collin Nguyen at (561) 232-8507
Name of Person Area Code Daytime Telephone Number

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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)
- \$35 sent earlier, check cashed.

RECEIVED
2017 JUN 13 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Handwritten initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DC Nails & SPA Boynton Beach FL, 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 5/24/17 and assigned Florida document number L17000114881.

This amendment is submitted to amend the following:

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

N/A

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:

Collin Nguyen

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cang Truong	3394 Turtle CV	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

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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 6/10/2017

Handwritten signature

Signature of a member or authorized representative of a member

Collin Nguyen

Typed or printed name of signee