

# L180000030202

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

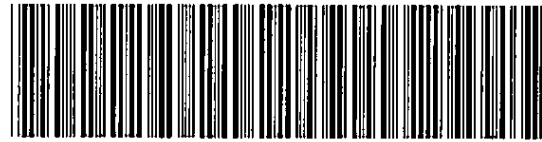
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500330603155

06/27/19--01006--025 \*\*30.00

PAID  
JUN 27 PM 1:24

10021471  
JUN 1 2 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORGANIC NAIL DIP AND 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:

DUONG DANG DO

\_\_\_\_\_  
Name of Person

ORGANIC NAIL DIP AND SPA LLC

\_\_\_\_\_  
Firm/Company

10280 CAUSEWAY BLVD

\_\_\_\_\_  
Address

TAMPA, FL 33619

\_\_\_\_\_  
City/State and Zip Code

DUONGDODANG0434@GMAIL.COM

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

For further information concerning this matter, please call:

DUONG DO DANG

954 544-9141  
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 32309

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
1000 North Florida Avenue  
Tallahassee, FL 32309

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

ORGANIC NAIL DIP AND SPA LLC

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

20 JUN 27 P 1:24

The Articles of Organization for this Limited Liability Company were filed on 02/02/2018 and assigned Florida document number L18000030202.

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:**

10280 CAUSEWAY BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FL 33619

**Enter new mailing address, if applicable:**

10280 CAUSEWAY BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FL 33619

**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:

DUONG DANG DO

New Registered Office Address:

10280 CAUSEWAY BLVD

*Enter Florida street address*

TAMPA

Florida 33619

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated

~~JUNE 24~~ 2019

DUONG DO DANG

Page 3 of 3

**Filing Fee: \$25.00**

**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**  
**D520-164-72-447-0**

**DUONG DO**  
**DANG**  
9447 WINDERMERE LAKE DR 202  
RIVERVIEW, FL 33578-2518  
DOB: 12-07-1972 (SEX: M)  
EXPIRES: 12-07-2021  
ENDORSEMENTS: NONE

**SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any statutory test required by law.