1180000 42038

(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:
Muy Dinh Advised to Add (LLC) to Circumfatent Manie

Office Use Only



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Amend Mame Chs

> APR 0 9: 2009 I ALBRITTON

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: DICK 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:
MELY Dinh
DIOR NAI(Sand SPA-
2223 N. West Shore blud 254 1
Tampa F 33607
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number at (S/3) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Solut
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2019

MELY DINH DIOR NAILS & SPA, LLC 2223 N. WESR SHORE BLVD #254B TAMPA, FL 33607

SUBJECT: DIOR NAILS & SPA, LLC

Ref. Number: L18000042038

We have received your document for DIOR NAILS & SPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Letter Number: 919A00005778

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	n as it now appears on our r	SPA, LLC
The Articles of Organization for this Limited Liability Company Florida document number 4. 1800042038	were filed on $2-/3$	5 — 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	1 C.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		me = ==================================
Enter new mailing address, if applicable:	•	宝 宝
(Mailing address MAY BE A POST OFFICE BOX)		in the second
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our rec	ords, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street ad	ldress
	Cin	. Florida
Low Daniet and America Commence to Land Daniet Daniet	City	гір Сове

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 Name | Address Type of Action MGR Harry PHan 2746 heat logick W/ Wald land Blake FL 34638 _ Change MAR MELY Dinh 9746 heathgrate wy Add lando lake = 6 34638 _□ Change _□ Add Remove _□ Change _□ Add _D Remove ____ D Change □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change

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If an effi Note:	ve date, if other than the date of filing: 2 - 1 - 1 - 1 (optional) cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	3-19-2019. Anna
	Signature of amember of authorized representative of a member
	11711

Page 3 of 3

Filing Fee: \$25.00