

L18000070622

(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



000311376230

04/03/18--01003--024 **60.00

**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -3 AM 11:19**

**N COOPER
APR 04 2018**

To: Sunbiz Customer Service and Whom It May Concern

On March 19th, 2018, I went online to register my own LLC company, but I did not put my name as AMBR of my company. Please add my name to the member list. Please help me to correct this and send me certification to 1571 Briar Oak Drive, Royal Palm Beach, FL, 33411, or email me at andyandrewvi@att.net for me to be able to open a business account. Thank you very much!



Ngoc Mai Nguyen

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAVID & COMPANY. HAIR & NAILS & SPA GROUP L.L.C

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:

NGOC MAI NGUYEN

Name of Person

DAVID & COMPANY. HAIR & NAILS & SPA GROUP L.L.C

Firm/Company

1571 BRIAR OAK DR

Address

ROYAL PALM BEACH, FL, 33411

City/State and Zip Code

andyandrewvi@att.net

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

For further information concerning this matter, please call:

NGOC MAI NGUYEN

561 818-5717
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 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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -3 AM 11:19

DAVID & COMPANY.HAIR & NAILS & SPA GROUP L.L.C

(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 March 19,2018 and assigned
Florida document number L18000070622.

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: 13800 JOG RD, DELRAY, FL, 33446
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1571 BRIAR OAK DR, ROYAL PALM BEACH,FL,33411
(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: NGOC MAI NGUYEN

New Registered Office Address: 1571 BRIAR OAK DR
Enter Florida street address
ROYAL PALM BEACH, Florida 33411
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>
AR	NGOC MAI NGUYEN	1571 BRIAR OAK DR	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH,FL,33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ANDY NGUYEN	13818 PADDOCK DR	<input type="checkbox"/> Add
		WELLINGTON,FL,33414	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

18 APR -3 AM 11: 19

FILED 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 March 28, 2018

Handwritten signatures of NGOC MAI NGUYEN and ANDY NGUYEN.

Signature of a member or authorized representative of a member

NGOC MAI NGUYEN and ANDY NGUYEN

Typed or printed name of signee