

118000 178639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

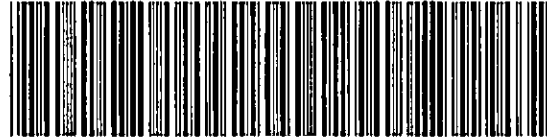
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12/21/18--01012--016 **52.50

01/28/19--01003--002 **7.50

FILED
2019 FEB - 8 AM 8:49
CLERK OF COURT
JANET WOODRUFF, CL

C. GOLDEN

FEB - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY NAILS & SPA OF LEESBURG, 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:

KHOA DANG PHAM
Name of Person

LUXURY NAILS & SPA OF LEESBURG LLC
Firm/Company

1107 W. NORTH BLVD, SUITE 11
Address

LEESBURG, FLORIDA 34748
City/State and Zip Code

KPHAM123@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHOA DANG PHAM at (317) 435-3322
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2019

KHOA DAWG PHAM
1107 W. NORTH BOULEVARD
SUITE #11
LEESBURG, FL 34748

SUBJECT: LUXURY NAILS & SPA OF LEESBURG, LLC
Ref. Number: L18000178639

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If amending the name, please enter the new name of the limited liability company in A.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00002111

RECEIVED

2019 FEB -8 PM 12:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

KHOA PHAM
1107 W NORTH BLVD.
SUITE 11
LEESBURG, FL 34748

SUBJECT: LUXURY NAILS & SPA OF LEESBURG, LLC
Ref. Number: L18000178639

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Registry Specialist II

Letter Number: 219A00000527

RECEIVED

2019 JAN 25 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 FEB -8 AM 8:49

LUXURY NAILS & SPA OF LEESBURG LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
LEESEESSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/19/2018 and assigned Florida document number L18000178639.

This amendment is submitted to amend the following:

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

LUXURY NAILS & SPA OF LEESBURG LLC
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)

1107 W. NORTH BLVD.
SUITE 11
LEESBURG, FL 34748

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1107 W. NORTH BLVD
SUITE 11
LEESBURG, FL 34748

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: KHOA DANG PHAM

New Registered Office Address: 1107 W. NORTH BLVD, SUITE 11
Enter Florida street address

LEESBURG, Florida 34748
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.

Khoa Dang Pham
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>
P/D.	DAO, TUYEN	600 W. MAIN ST.	<input type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P/D.	PHAM, KHOA	1107. W. NORTH BLVD	<input checked="" type="checkbox"/> Add
		SUITE 11	<input type="checkbox"/> Remove
		LEESBURG, FL 34748	<input type="checkbox"/> Change
P/D.	DAO, TUYEN	600 W. MAIN ST.	<input type="checkbox"/> Add
		LEESBURG, FL 34748	<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.)*

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 is no text or other markings on the paper.

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 02/04/2019, _____

Signature of a member or authorized representative of a member

KHOA DANG PHAM
Typed or printed name of signee