

L18000 192573

(Requestor's Name)

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2020 JAN 27 AM 7:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

O SIMMONS
FEB 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nail Boutique & Spa Lake City, 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:

Anh Thi Nguyen

Name of Person

Firm/Company

309 Crystal Pond Ave

Address

Deland, FL 32720

City/State and Zip Code

t@nailboutiquespa.com

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

For further information concerning this matter, please call:

Anh Thi Nguyen

404 844-3337
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Nail Boutique & Spa Lake City, 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 08/13/2018 and assigned
Florida document number L18000192573.

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 "LLC."

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)

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2020 JAN 27 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FL

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
MGR	Anh Thi Nguyen	309 Crystal Pond Ave	<input type="checkbox"/> Add
		Deland, FL 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cuong Kim Tran	295 NW Commons Loop, Suite 117	<input checked="" type="checkbox"/> Add
		Lake City, FL 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thuan Pham	295 NW Commons Loop, Suite 117	<input checked="" type="checkbox"/> Add
		Lake City, FL 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRET
2020 JAN 27 AM 7:30
TULSA, OKLA
DATE

2020 JAN 27 AM 7:30
STORING STATE
FALLING HILL

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SOUTH DAKOTA
TALLAHASSEE FL

(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)

Dated December 31, 2019

Cuong Km Tran

Filing Fee: \$25.00