

18000210031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

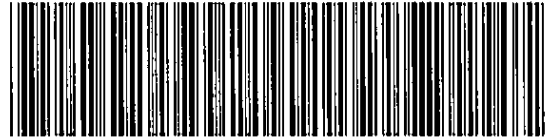
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/18--01028--008 **25.00

SECRETARY OF STATE
FALL BRASSFIELD

2018 SEP 24 AM 11:36

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D. BRUCE
OCT 02 2018

611



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

THANH -TAM T NGUYEN
2041 CRESTDALE LN
LAKE MARY, FL 32746

SUBJECT: TAMTAI BLISS NAILS SPA LLC
Ref. Number: L18000210031

We have received your document for TAMTAI BLISS 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 registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00019022

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2018 SEP 24 AM 11:36
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMTAI BLISS NAILS 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:

THANH-TAM T NGUYEN

Name of Person

BLISS NAILS SPA

Firm/Company

2041 CRESTDALE LN

Address

LAKE MARY . FL 32746

City/State and Zip Code

TAMTHANHEPIC@ICLOUD.COM

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

For further information concerning this matter, please call:

THANH-TAM T NGUYEN

Name of Person

at (407)

Area Code

334 2212

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

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SEP 24 2010
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 SEP 09/05/18 and assigned
Florida document number L18000210031.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

TAI H NGUYEN

New Registered Office Address:

2041 CRESDALE LN

Enter Florida street address

LACE MARY

City

Florida

FL 32746

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	THANH-TAM T NGUYEN	2041 CRESDALE LN. LAKE MARY. FL 32746.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FBI - TAMPA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2018 SEP 24 AM 11:36
FILED
INFORMATION


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 09/06, 2018



Signature of a member or authorized representative of a member

TAI H NGUYEN

Typed or printed name of signee