

K21000065960

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(Address)

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(Business Entity Name)

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10/20/2019 10:03:03

21 MAY 26 PM 1:03

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FIFTH AVENUE NAIL & 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:

THAO P TONG
Name of Person

FIFTH AVENUE NAIL & SPA LLC
Firm/Company

3916 US HWY 301 S
Address

RIVERVIEW, FL 33578
City/State and Zip Code

ditrutampa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAO P TONG 704 756-6613
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

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

21 MAY 28 FR 1:03

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THAO P TONG	11734 RHODINE ROAD RIVERVIEW, FL 33579	<input checked="" type="checkbox"/> Add /
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER E MOORE		<input type="checkbox"/> Add
		4604 HARVEY AVE TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THAO P TONG		<input type="checkbox"/> Add
		11734 RHODINER RD RIVERVIEW, FL 33579	<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.)*

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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 May 25, 2021


Signature of a member or authorized representative of a member

Thao P. Tong

Typed or printed name of signee

Filing Fee: \$25.00