

L21000078745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

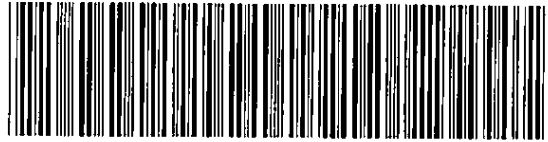
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

CF-25.00  
Cert 17.50



300429064763

05/02/24--01033--010 \*\*52.50

2024 JUL 16 AM 8:12

FILED

APB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEOVIBE NAILS AND 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:

LE, YEN NHI THI  
Name of Person

Firm/Company

1025 Entrance Rd  
Address

Avon Park, FL 33825  
City/State and Zip Code

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

For further information concerning this matter, please call:

LE, YEN NHI THI LE at ( 813 ) 361-6272  
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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

NEOVIBE NAILS AND SPA LLC 2024 JUL 15 AM 8:12  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on 03/22/2022 and assigned  
Florida document number L21000078745.

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)

3007 Bentley Ave  
Sebring, FL 33872

**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:

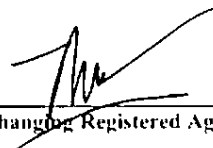
NHu Huyen VO

New Registered Office Address:

3007 Bentley Ave  
Enter Florida street address  
Sebring, Florida 33872  
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>
AMBR	LE, YEN NHI THI	1025 Entrance Rd	<input type="checkbox"/> Add
		Avon Park, FL 33825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PHAM, HAI TAN	1025 Entrance Rd,	<input type="checkbox"/> Add
		Avon Park, FL 33825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nhu Huynh Vo	3007 Bentley Ave	<input checked="" type="checkbox"/> Add
		Sebring FL 33872	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Minh Vu Vo	3103 Bentley Ave	<input checked="" type="checkbox"/> Add
		Sebring FL 33872	<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

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

NHU HUYNH VO  
Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2024

NHU HUYNH VO  
3007 BENTLEY AVE  
SEBRING, FL 33872

SUBJECT: NEOVIBE NAILS AND SPA LLC  
Ref. Number: L21000078745

We have received your document for NEOVIBE NAILS AND SPA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 524A00011252

