# k210000079056

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## **COVER LETTER**

TO: Registration S Division of Co				
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SUBJECT:	IL & SPA, LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	TANG, QUAN CHI			
		Name of Person		
	N & T NAIL & SPA, LLC			
		Firm/Company		
	14100 US 19TH N 103			
		Address		
	CLEARWATER, FL 3376	<del>5</del> 4		
	<del></del>	City/State and Zip Code		
	TRRYTANG@YAHOO.C			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please c	all:		
TANG, QUAN CHI		727 455-9925 at ()		
Name e	f Person		Telephone Number (V	QL.
Enclosed is a check for t	he following amount:		MAR	T
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		コフ
<b>84</b> 112 3 4 4				

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

N & T NAIL & SPA, 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 02/16/2021 and assigned Florida document number <u>L2</u>1000079056 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: TANG, OUAN CHI Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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>	Address	Type of Action
AMBR	PHAN, THUY T	5924 59TH STREET N. ST PETERSBURG, FL3370	9 _ □Add
			_ <b>≡</b> Remove
			_ 🗆 Change
AMBR	TANG, QUAN CHI	2318 36TH AVE N.ST PETERSBURG, FL 33713	_ ≣Add ··
			_ 🗆 Remove
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Filing Fee: \$25.00