## L21000079056

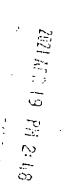
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



600363029116

04/20/21--01031--003 \*\*30.00



10/4/20

## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC	N & T NAI	L & SPA					
SUBJEC	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ordence concerning this matter	to the following:				
		QUAN CHI TANG					
			Name of Person				
		N & T NAIL & SPA, LLC					
			Firm Company	<del></del>			
		14100 19TH N STE 103					
			Address				
		<del></del>	City/State and Zip Code				
		trrylang	O Yahaa (cm) to be used for future annual report notif	<del></del>			
For furthe	er information co	e-mair address: i oncerning this matter, please of		санон)			
QUAN (	CHI TANG		at ( <u>727</u> ) 455 Area Code Daytime	-9925			
	Name of	f Person	Area Code Daytime	Telephone Number			
Enc¹ sed	is a check for th	ne following amount:					
€ \$25.0	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	<u>s:</u>	Street Address:				
Registration Section			Registration Sec				
	Division of C	•	Division of Corp. The Centre of Te				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Company as it n (A Florida Limited Liability (	ow appears on our records.) lompany)	
	led on 02/16/2021	and assigned
·		
lowing:		
of the limited liability cor	npany here:	
ana		
words "Limited Liability Comp	rany," the designation "LLC" or	the abbreviation "L.L.C."
cable:	-	
ET ADDRESS)		
		-
_ <del></del> _		
(BOX)		
<u></u>		
-unistanced affice address	an are recorde autor tha	name of the new regist
	on our records, enter the	
registered office address ess here:	on our records, <u>enter the</u>	
ess here:	on our records, <u>enter the</u>	name of the new regist
	on our records, enter the	
ess here:	on our records, <u>enter the</u>	
ess here: QUAN CHI TANG	on our records, enter the	2021 15 7 1
ess here: QUAN CHI TANG	Enter Florida street address	2021 16 7 1
	lowing:  of the limited liability cor  words "Limited Liability Comp	of the limited liability company here:  Of the limited liability company here:  words "Limited Liability Company," the designation "LLC" or cable:  ET 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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	THUY T PHAN	5924 59TH ST N	□Add
		ST PETERSBURG, FL 33709	<b>-</b>
		<del>,</del>	Change
AMBR	QUAN CHI TANG	2318 36TH AVE N	Add
		ST PETERSBURG, FL 33713	□Remove
			□Change
			□Remove
		<del></del>	Change
			□Add
			□Remove
·			
			□Remove
			□Add
			□Remove
			□ Change

•	
-	
-	
-	
-	
7 C/ 4	
f an eft <mark>Note:</mark>	ive date, if other than the date of filing:
d is fi	
ated	Signature of a member or authorized representative of a member
	X ST
	Signature of a member or authorized representative of a member
	Typed or printed name of signed

Filing Fee: \$25.00