

62000350952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

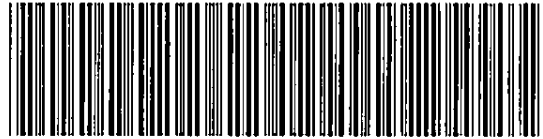
(Business Entity Name)

(Document Number)

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2012 JUL 15 AM 11:27  
FILED  
JUL 15 2012  
JUL 15 2012

TO: Registration Section  
Division of Corporations

SUBJECT: LOVE 4 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:

CHRISTY NGUYEN  
Name of Person

NONE  
Firm/Company

23149 HAMMOND AVE  
Address

PORT CHARLOTTE, FL. 33954  
City/State and Zip Code

ICTI4EVER@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEHNATHAN LE at (954) 939-1881  
Name of Person (HUSBAND) Area Code 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 Address:**

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

**ARTICLES OF ORGANIZATION  
OF**

LOVE 4 NAILS & 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 AUG. 4, 2021 and assigned Florida document number L21000350952.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LOVE 4 NAILS & SPA, LLC

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)

1931 TAMiami TRAIL, UNIT #1  
PORT CHARLOTTE, FL. 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

" SAME ↑ "

**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:

BECKY THI VAN

New Registered Office Address:

1931 TAMiami TRAIL, UNIT #1

Enter Florida street address

PORT CHARLOTTE, Florida 33948

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.*

Becky Thi Van  
If Changing Registered Agent, Signature of New Registered Agent

JUL 15 AM 11:27

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTY NGUYEN	23149 HAMMOND AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL. 33954	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHNATHAN B. LE	23149 HAMMOND AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL. 33954	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BECKY THI VAN	1931 TAWAMI TRAIL, UNIT #1	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL. 33948	<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
			<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.)

HELLO,  
MY NAME IS CHRISTY NGUYEN PREVIOUS OWNER  
OF LOVE 4 NAILS & SPA, LLC.

I'M WRITING THIS LETTER TO INFORM THAT I  
HAD SOLD MY BUSINESS TO NEW OWNER'S BECKY THI  
VAN ON MAR. 1, 2024. . . NEW OWNER WILL  
PROCESS AND APPLY FOR LLC OR TRANSFER THIS  
OVER TO HER. . .

SO CAN YOU PLEASE REMOVE MY NAME & MY HUSBAND  
OUT, AND ADD BECKY THI VAN IN AS A NEW  
OWNER AND BECOME A NEW REGISTER AGENT  
ON THIS ACCOUNT. . .

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE ME A  
CALL OR EMAIL ME. . .

THANK YOU SO MUCH AND HAVE A BLESS ONE. . .


E. Effective date, if other than the date of filing: MAY 21, 2024 (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 21, 2024.



Signature of a member or authorized representative of a member

CHRISTY NGUYEN

Typed or printed name of signer

2022 JUL 5 AM 11:27