

L21000372524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

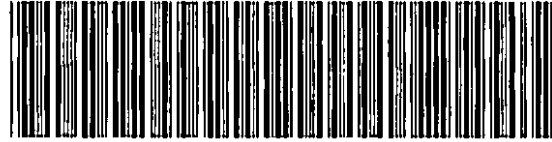
(Business Entity Name)

(Document Number)

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2022 MAY 10 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.O NAILS IN LARGO L.L.C.
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:

HUONG T. LUONG
Name of Person

VO NAILS
Firm/Company

1137 MISSOURI AVE N.
Address

LARGO, FLORIDA 33770
City/State and Zip Code

Tiffanyluong19@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUONG T. LUONG at (727) 452-9021
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 &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY 10 AM 9:05

V.O NAILS IN LARGO LLC

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

SEC. 605, F.S.
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/19/21 and assigned
Florida document number 87-2196614 221000372524

This amendment is submitted to amend the following:

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

BOUDOIR 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)

1137 MISSOURI AVE N.
LARGO, FLORIDA 33770

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1137 MISSOURI AVE N.
LARGO, FLORIDA 33770

3. 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:

HLONG T. LUONG

New Registered Office Address:

7101 121ST AVE N LARGO, FL 33773

Enter Florida street address

_____, Florida _____
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>
AGR	THUONG T LUONG	7101 121 ST AVE N.	<input checked="" type="checkbox"/> Add
		LARGO, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	HENRY AMBR NGO	7101 121 ST AVE N.	<input checked="" type="checkbox"/> Add
		LARGO FLORIDA 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

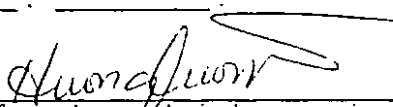
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2022 MAY 10 AM 9:05
STATE OF MISSISSIPPI
TALLAHASSEE, FL

Effective date, if other than the date of filing: JUNE 01 2022 (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.

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 05-05-2022



Signature of a member or authorized representative of a member

HUONG T. LUONG

Typed or printed name of signee