

L21000429138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

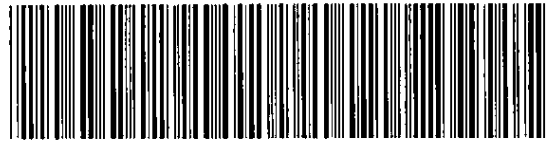
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J. HORNE
OCT 18 2023

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23 OCT 10 AM 9:31
J. HORNE
OCT 18 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSS BABES NAIL BAR 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:

MICHAEL PHAN

Name of Person

PHAN & PHAN PA

Firm/Company

6100 GREENLAND RD STE 404

Address

JACKSONVILLE FL 32258

City/State and Zip Code

M.PHAN@PHANPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PHAN

904

240-5762

at (_____) _____

Name of Person

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

FILED
23 OCT 10 AM 9:33
TALLAHASSEE, FLORIDA

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

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	HONG T DANG	731 DUVAL STATION RD STE 108	<input type="checkbox"/> Add
		JACKSONVILLE FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROTHA CHEY	731 DUVAL STATION RD STE 108	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated SEPTEMBER 22 2023

HONG T DANG

Typed or printed name of signee