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(Requestor's Name)

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2022 JUN 24 PM 6:51
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER

SEP 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABERDEEN 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:

CHANTHOU TOUCH

Name of Person

ABERDEEN NAILS & SPA

Firm/Company

3735 LONGLEAF PINE PKWY, STE 210

Address

ST JOHNS, FL 32259

City/State and Zip Code

Chanthou.Touch.Fc@gmail.com

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

For further information concerning this matter, please call:

CHINH NGUYEN

904

378-8780

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
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

ABERDEEN NAILS & SPA LLC

2022 JUN 24 PM 5:51

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

STATE OF FLORIDA
FILED

The Articles of Organization for this Limited Liability Company were filed on 12/07/2021 and assigned

Florida document number L21000516340

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:

Name of New Registered Agent: CHANTHOU TOUCH

New Registered Office Address: 10767 IRONSTONE DR N

Enter Florida street address

JACKSONVILLE, Florida 32246

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.

Touch Chanthou

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>
MGR	VICHHEKA VONG	3643 BOONE PARK AVE	☐ Add
		JACKSONVILLE, FL 32205	☒ Remove
			☐ Change
MGR	NAPAKORN MARKHAM	10373 DRIFTWOOD RD	☐ Add
		JACKSONVILLE, FL 32246	☒ Remove
			☐ Change
MGR	SEREYVATANA CHROENG	10767 IRONSTONE DR N	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

