

L27000366460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

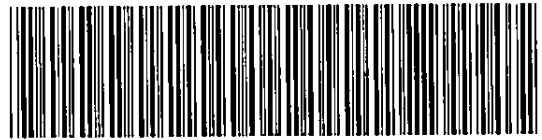
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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R. HUNT  
03/31/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAPPY NAILS BY DANG 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:

PAUL DANG

Name of Person

HAPPY NAILS BY DANG LLC

Firm/Company

4350 BAYOU BLVD SUITE D

Address

PENSACOLA FL 32503

City/State and Zip Code

TUYENTRAN0965@YAHOO.COM

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

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TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

PAUL DANG

850 4763207  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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	SON DANG	3148 TWO SISTER WAY	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KHAI DANG	3148 TWO SISTER WAY	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 03/22/2023 (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 03/22 2023

  
Signature of a member or authorized representative of a member

PAUL DANG

Typed or printed name of signee

Filing Fee: \$25.00