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(Requestor's Name)	
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(1	Business Entity Name)	
	Document Number)	
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Special Instructions	to Filing Officer.	
		



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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC		UTIQUE & SPA OCALA LLC		
SOBJEC	.1:		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		LE, LY T		
			Name of Person	
		NAIL BOUTIQUE & SPA	OCALA LLC	
			Firm/Company	
		2575 SW 42ND ST, SUIT	E 102	
			Address	
		OCALA, FL 34471		
			City/State and Zip Code	
		samyoung 1982@yahoo.com	n to be used for future annual report	
For furth	er information c	concerning this matter, please ca	•	nouncation)
LE, LY	r		352 237-558	9
	Name (of Person	at () Area Code Da	ytime Telephone Number
Enclosed	is a check for t	he following amount:		
	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 Addres Registration		Street Address Registration	
	Division of C	Corporations	Division of	Corporations
	P.O. Box 633	27	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 000

NAIL BOUTIQUE & SPA OCALA LLC	on our records) 2023 SEP -8 Pit 4: 29
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{-04}{2}$ Florida document number $\frac{-1.23000204593}{2}$.	25/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	g:
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "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 recagent and/or the new registered office address here:	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	a street address
East 1 to a	TO SEE SMITT COLO

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.

City

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>	Address	Type of Action
AMBR	NGUYEN, JENNIFER	3315 SE 46TH AVE, OCALA, FL 34480	⊆ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
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			□Change

		 		
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ective date, if other than the date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the applicat	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant t ements, this date will not b	o 605,0207 e listed as
		oo at 12:01 cm, an tho o	arliar of: 75) The 90th day	after the
	late, but not an effective tin	ic, at 12.01 a.m. on the c	artier of. (b) The 20th day	
s filed.	date, but not an effective tin	_ ·	arner of (b) The 20th day	
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