

L24000132825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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REGISTRATION OFFICE
CORPORATION & PARTNERSHIPS
TALLAHASSEE, FLORIDA

2023 MAR 27 PM 1:04

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T@D Nails Salon 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:

Dao Ho
Name of Person

Firm/Company

4125 Race Track Rd
Address

Saint Johns, FL 32259
City/State and Zip Code

Tranben166@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dao Ho at (~~404~~) ⁹⁰⁴ ~~904~~-578-8620
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**

T&D Nails Salon LLC

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

FEB 27 11:04

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L24000132825

This amendment is submitted to amend the following:

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

T&D Nails Salon 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)

4125 Race Track Rd Unit 111
Saint Johns, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12231 Lady Brook ct
Jacksonville, FL 32223

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: _____

New Registered Office Address: _____

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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