

124000207221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

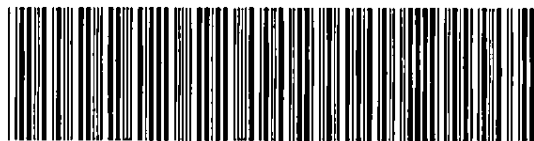
(Business Entity Name)

(Document Number)

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05/28/24--01005--003 \*\*25.00

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2024 JUN 13 09:02

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEE NAILS & DAY SPA 2 LIMITED LIABILITY COMPANY

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANH VU

\_\_\_\_\_  
Name of Person

MAS TAX & PAYROLL SERVICES LLC

\_\_\_\_\_  
Firm/Company

3248 W LAKE MARY BLVD. # 1230

\_\_\_\_\_  
Address

LAKE MARY, FLORIDA 32746

\_\_\_\_\_  
City/State and Zip Code

ANHAVU@YAHOO.COM

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

ANH VU

407 2215680

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

2007-03-11 5:02

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

LEE NAILS & DAY SPA LIMITED LIABILITY COMPANY

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

The Articles of Organization for this Limited Liability Company were filed on 05/02/2024 and assigned  
Florida document number 124000207221.

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)**

4169 E. STATE ROAD 46, UNIT 2 & 3

SANFORD, FLORIDA 32771

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4169 E. STATE ROAD 46, UNIT 2 & 3

SANFORD, FLORIDA 32771

**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: HUNG LE

New Registered Office Address: 4169 E. STATE ROAD 46, UNIT 2 & 3

Enter Florida street address

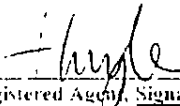
SANFORD Florida 32771

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

2024 MAY 02 11:53:02

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	HUNG LE	960 HERITAGE PASS ROAD	<input type="checkbox"/> Add
		DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUNG LE	4169 E. STATE ROAD 46, UNIT 2 & 3	<input checked="" type="checkbox"/> Add
		SANFORD, FLORIDA 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

after the