

L12000156927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

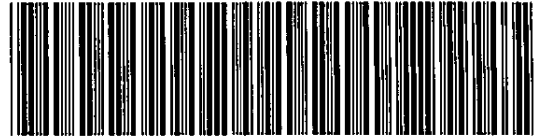
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARIS 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:

MARK WOODLOCK, ESQ.
Name of Person

Firm/Company Woodlock Construction Law Firm, P.A.
1350 Orange Avenue, Suite, 280
Address Winter Park, Florida 32789

City/State and Zip Code
MARK@WOODLOCKLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK WOODLOCK, ESQ. at (407) 409-5305
Name of Person Area Code Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PARIS SALON, LLC

(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 04/19/2014 and assigned
Florida document number L12000156927

This amendment is submitted to amend the following:

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

- N/A -

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:

- N/A -

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

- N/A -

(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:

- N/A -

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.

- N/A -

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGRM	DUNG T. DAO	5295 INTERNATIONAL DR.	<input checked="" type="checkbox"/> Add
		SUITE 250	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
MGRM	THUC T. TRAN	5295 INTERNATIONAL DR.	<input checked="" type="checkbox"/> Add
		SUITE 250	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter changes here: *(Attach supporting papers, if necessary)*

-N/A-


Multiple horizontal lines for amending information, mostly blank.

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E. Effective date, if other than the date of filing: *-N/A-* (optional)

Note: If the date user fills in this block does not meet the applicable statutory filing requirements, this date will not be 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 2:01 a.m. on the barrier date:
(a) The 90th day after the record is filed

11/15 2016


DUNG T. GAO (PRESIDENT)

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Filing fee: \$25.00