

L21 00000 69146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

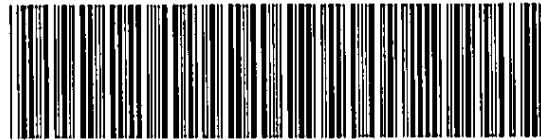
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FILED
IN CLERK OF COURT
DIVISION OF CORPORATION
21 MAR -5 PM 4:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARISIENNE FACIAL 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:

LOUISA KHERKHACH
Name of Person

PARISIENNE FACIAL LLC
Firm/Company

6720 SW 49th Terr.
Address

MIAMI FL 33155
City/State and Zip Code

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

For further information concerning this matter, please call:

LOUISA K. at (305) 731-7428
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

FILED
AT CLERK OF STATE
DIVISION OF CORPORATIONS

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

21 MAR -5 PM 4:06

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000069146

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)

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 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.

☐ Remove

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

DEPARTMENT OF STATE
DIVISION OF CORPORATION

21 MAR -5 PM 4:05

E. Effective date, if other than the date of filing: 02/09/21 (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 03-01-2021, _____.



Signature of a member or authorized representative of a member

LOUISA KHERIKHASH

Typed or printed name of signee