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S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARIS CLEANERS OF MIAMI, 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:

MARCOS PERDOMO

Name of Person

PARIS CLEANERS OF MIAMI, LLC

Firm/Company

2920 Coral Way

Address

Miami, FL

City/State and Zip Code

marcosperdomoa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL BASHIR

305 498-0145
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PARIS CLEANERS OF MIAMI, 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 04/16/2003 and assigned
Florida document number L03000013641.

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: MARCOS PERDOMO

New Registered Office Address: 2920 Coral Way

Enter Florida street address

Miami, Florida 33145
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>
MGRM	SAEEDA AHMED	12054 SW 117TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PARVEEN ABID	11825 SW 119TH PLACE RD	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JAMIL AHMED	10520 SW 146TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALAMGIR BASHIR	15739 SW 102ND STREET	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MUHAMMAD S. QADRI	10234 SW 139TH PLACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
AMBR	MARCOS PERDOMO	2920-2922 Coral Way	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LLANERA VALERY	2920-2922 Coral Way	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 10/1/16, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee