

L10000095330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

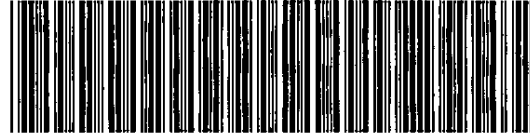
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -8 P 4: 05

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S Warren

SEP 09 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

ELLA DAVENPORT
20771 S. TAMIAMI TRAIL #102
ESTERO, FL 33928

SUBJECT: PARAMOUNT HAIR STUDIO, LLC
Ref. Number: L10000095330

We have received your document for PARAMOUNT HAIR STUDIO, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00018015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paramount Hair Studio, LLC L10000095330
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:

ELLA Davenport

Name of Person

Paramount Hair Studio, LLC

Firm/Company

20771 S. Tamiami Trail #102

Address

ESTERO FL 33428

City/State and Zip Code

ella - davenport@yahoo.com

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

For further information concerning this matter, please call:

ELLA Davenport

Name of Person

at (239) 454-8005

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

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

Paramount Hair Studio 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 June 1, 2016 and assigned Florida document number L10000095330.

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)

4740 Justinwood Rd.
Esteros, FL 33928

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:

ELLA Davenport

New Registered Office Address:

4740 Justin Wood Rd.

Enter Florida street address

H. Myers

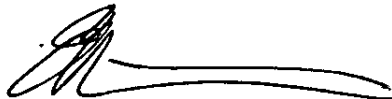
, Florida

33905

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

Title	Name	Address	Type of Action
MGR	Lewis, Jane B	P.O. Box 1201	<input type="checkbox"/> Add
		Estero, FL 33929	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lewis, Leonard W	P.O. Box 1201	<input type="checkbox"/> Add
		Estero FL 33929	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIA Davenport	4740 Justinwood Rd.	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kourtne Johnstone	4740 Justinwood Rd.	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33905	<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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TALLAHASSEE, FLORIDA
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[illegible]

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 9/6, 2016

ELLA DAVENPORT.

FILED
2019 SEP - 8 P 4: 05
CLERK OF STATE
TALLAHASSEE, FLORIDA