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COVER LETTER

Tallahassee, FL 32314

SUBJECT: Paris Fashien Holly wood, 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: Tafrak Sama vira Name of Person Paris Fashien Hollywood Klool Address Hollywood Klool Address Hollywood Klool Address Hollywood Fling Fee CityState and Zip Code paris fashien Millywood & functional report notification) For further information concerning this matter, please call: Tafrak Samavina at Fbb 2027b Name of Person are defined Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	TO: Registration Sec Division of Corp					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tafinth Sana viria Name of Person Paris Farlica Hellywood Klod Firm/Company 1929 Hellywood Klod Address Hellywood Flashichllywood Frank Community F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tafant Samaring Name of Person at JB 2027 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	SUBJECT: Paris	Fashier Holly	wood, LLC			
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1929 Hellyweed Kleek Address Hellyweed Fl. 33020	Please return all correspon	dence concerning this matter	to the following:			
1929 Hellyweed Kleek Address Hellyweed Fl. 33020		TatiANA	Samarina			
1929 Hellyweed Kleek Address Hellyweed Fl. 33020			Name of Person			
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For further information concerning this matter, please call: Tahar Samaring at (786) 200 2767 Name of Person Area Code Daytime Telephone Number			City/State and Zip Code			
For further information concerning this matter, please call: Tahar Samaring at (786) 200 2767 Name of Person Area Code Daytime Telephone Number		parisfashiculi	ellywood a finai	L.com		
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Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsquare \text{\$55.00 Filing Fee & Certificate of Status} \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\frac{\Mailing Address:}{\text{Registration Section}} \text{Street Address:} \text{Registration Section} \text{Division of Corporations} \$\frac{\text{Street Address:}}{\text{Registration Section}} \text{Division of Corporations}	Name of I	Person	at (+86) all d.	+6+		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy (additional copy is enclosed)}\$\$\$ \[\text{Mailing Address:} \\ \text{Registration Section} \\ \text{Division of Corporations}\$		C. 300	Area Code Daytime	retephone Number		
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Registration Section Registration Section Division of Corporations Division of Corporations	Mailing Address:		Street Address:			
	=		Registration Secti	Registration Section		
P.O. Box 6327 The Centre of Tallahassee	P.O. Box 6327	porations	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paris Fall	hienHellyweed	120 MC 25 PH 6: 43
(Name of the Limited I (A I	iability Company as it now appear florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 160 U 156</u>		08/22/2016 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company he	e <u>re</u> :
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable Principal office address MUST BE A STREET A	e:	esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>	
3. If amending the registered agent and/or regis gent and/or the new registered office address he	etered office address on our re ere:	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
_	City	, Florida
	Chy	Лір 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nnager Ithorized Member			
<u>Title</u>	Name	Address	2020 AU 1 25 PG 6: 43	Type of Action
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Note: If t	date, if other than the date of filing: S 20 20 (optional)
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	N-20-20 6 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
	1 '11 1 A 1 I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a member or authorized representative of a member Elliof Sprung Typed or printed name of signee