L18 000 624 714

(Re	questor's Name)	
(Ad-	dress)	
<u> (Δα</u>	dress)	
(Au	aress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
•	•	•
(ססי	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Cilina Officar:	
Special instructions to a	Filing Officer.	
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FILED

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
our more	PARLOR I	NTERIOR, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		TAYLOR ABESS		
			Name of Person	
			Firm/Company	
		6241 N BAY ROAD		
			Address	
		MIAMI BEACH, FL 331	41	
			City/State and Zip Code	
		taylor@parlorinteriors.com E-mail address: (to be used for future annual report n	otification)
For further in	ıformation c	oncerning this matter, please c		
DOROTHY	EISENBER	G	561 392-9059	
	Name o	l Person	at () Area Code Days	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	
-	gistration Stision of C	Section orporations	Registration S Division of C	
	Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARLOR INTERIOR, ELC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L18000024714	iability Company	were filed on JANUARY 29, 2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
	· · · · · · · · · · · · · · · · · · ·		2
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	
Enter new principal offices address, if applic	able:	6241 N BAY ROAD	
(Principal office address MUST BE A STREE	T ADDRESS)	MIAMI BEACH, FL 33141	- m
Enter new mailing address, if applicable:		6241 N BAY ROAD	1.18
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI BEACH, FL 33141	
B. If amending the registered agent and/or r agent and/or the new registered office addre	**	address on our records, enter the	name of the new registere
Name of New Registered Agent:	DOROTHY EI	SENBERG	
New Registered Office Address:	4770 BISCAY	NE BLVD. SUITE # 400	
The regiments Office regulation.		Enter Florida street address	
	MIAMI	, Floric	la 33137
		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 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>	Address	Type of Action
MGR	HILARY J. ROLLAND	6241 N BAY ROAD	≅ Add
		MIAMI BEACH, FL 33141	□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Remove
			□ Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□ Change

If an ef <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 ited.
	April 30, 2024
Dated	
Dated	Davida S. Escabera
Dated	Signature of a member of authorized representative of a member

Filing Fee: \$25.00