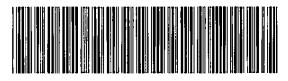
## L18000279736

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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10/20/21

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
SURIECT: DAVI	S CHÓW SKIM C'A	iti ((C				
	Name of Limi	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Ashucy_h	-LJDXITC Name of Person	2021 OCT 12 PM 2: 07 SECRETARY OF STATE TALLAHASSEE, FL	-1		
	PARIS GIOW		TARY	7		
		Firm/Company	12 PM 2: 07 ARY OF STATE (HASSEE, FL	ָ ֓֞֞		
	3500 N State	° <u>Pd 7 STE 312</u> Address				
		City/State and Zip Code  COMOLICON  To be used for future annual report notified.	ication)			
For further information co	oncerning this matter, please of	all:				
ASMOJ 1-10 Name o	IPPOINTE Person	at ( <u>(154) 643-</u> Area Code Daytim	7334 e Telephone Number			
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction			
Division of C		Division of Cor	porations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIS GIOW SKIN CARE	ELLC	it of
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordiability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 12/05/	2018 and assigned
Florida document number <u>L18000279736</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Paris GIOW BEAUTY LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 N State	Pdaghalz -
(Principal office address MUST BE A STREET ADDRESS)	Lauderacije Lak	0, 53319
		- <del>                                     </del>
		PH 2
Enter new mailing address, if applicable:		<del>- 구축                                   </del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a	iddress on our records, enter	r the name of the new registered
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	NN.
		lorida
	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
			□ Add
			□Remove
			□Change
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			□Remove
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Effective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and ick does not r	reannor be prior neet the applic	able statutory	or more man 20 da	(optional)  ays after filing.) Put  attraction to the state will	rsuant to , not be	605.0207 listed as
record specifies a delayed effective is filed.						)th day :	after the
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ated <u>Stylembor</u>	Mil. 1-1 Signature of a	inghiser or auth	orized represent	ative of a member			_
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