## L19000040467

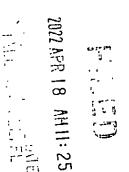
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section

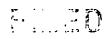
P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: Rose N	Nail Bar		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Isaac Champagne	
		Name of Person	
		Firm/Company	<del>.</del>
		255 NE 165TH ST.	
		Address	
	· · · · · · · · · · · · · · · · · · ·	Miami/FL 33162	
	icha	City/State and Zip Code  amapgne_@outlook.com	1
		to be used for future annual repor	
For further information	concerning this matter, please ca	all:	
	ampagne	at (786)	288-1912
Name	of Person	Area Code Da	aytime 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)	Si \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Addres Registration	
Division of (			Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Rose Nail Ba	ır LLC	2022 APR 18 AM 11: 25	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	02/11/2019 and assigned	
Florida document numberL19000040467			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company her	<u>re</u> :	
Paramount Log			
The new name must be distinguishable and contain the words "Limited Liability	Company, the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2145 NE 164TH ST.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 6		
-	North	Miami Beach, FL 33162	
Enter new mailing address, if applicable:		2145 NE 164TH ST.	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 6		
-	North	Miami Beach, FL 33162	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our re	cords, <u>enter the name of the new register</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	da street address	
		Florida	
	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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n effective dat te: If the da		cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant tes not meet the applicable statutory filing requirements, this date will not be	
cord specifi s filed.	ies a delayed effective date, l	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ed	April 13		
		2022  Janu Chapaga  ire of a member or authorized representative of a member	
	Signatu	ire of a member or authorized representative of a member	_
		Isaac Champagne	
		Typed or printed name of signee	_