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COVER LETTER

P: Registration Section Division of Corporations
JBJECT: Pamper Me Paris 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:
Antionette Brown
Pamper Me Paris LLC Firm/Company
8723 De l Rey Ct. AIT. 13K Tampa FL 33617
Tampa F2 33617 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Antionette Brown at (813) 526-9197 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Pamper Me Pa	aris LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our reed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>October</u>	1,2019 and assigned
Plorida document number <u>L19000347371</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
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		DEC.
Enter new mailing address, if applicable:		2 =
(Mailing address MAY BE A POST OFFICE BOX)		P
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B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records: .

|GR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
ngr	Antionette Brown	873 Del Rey Ct. Ap	F.13K Add
		8783 Del Dey Ct. Ap Tampa, FL 33617	□Remove
		1.	EChange
			□ Add
			□Remove
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Tective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statu cument's effective date on the Department of State's records.	nory ming requirements, this date will not be listed
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ecord specifies a delayed effective date, but not an effective time, at 12	t:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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(hTIMATTI BOOLAN	
Signature of a member or authorized repr	