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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

Division of Cor			
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SUBJECT: PARNASIA	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAMMY M. ALLOUCHE	£	
		Name of Person	
	PARNASIA USA LLC.		
		Firm/Company	
	3642 NE 171 STREET UN		
		Address	
	NORTH MIAMI BEACH.		
	samallou@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	itication)
For further information c	oncerning this matter, please c	all:	
SAMMY M. ALLOUCH	DE .	305 at () 815-2379	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp	any as it now appears on our r Liability Company)	ecords.)
	(A Florida Limited	Liability Company)	
he Articles of Organization for this Limited l	Jiability Company	were filed on JUNE 25.2	2020 and assigned
lorida document number 1.2000177960	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
!/A			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREET ADDRESS)			7020
			Ō
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY_BE A_POST_OFFICE BOX)			
			ū
 If amending the registered agent and/or gent and/or the new registered office addre 	***	address on our records, <u>e</u>	nter the name of the new regi
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street a	ddress
	N/A		, Florida ^{N/A}
		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 Changing Registered Agent, Signature of New Registered Agent

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	SAMMY M. ALLOUCHE	3642 NE 171 STREET UNIT 203	= Add
		NORTH MIAMI BEACH, FLORIDA	Remove
		33160 USA	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🖸 Add
			□Remove
			Change

Page 2 of 3

N/A		
		
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fective date, if other than the	date of filing: JUNE 25, 2020	(optional)
n effective date is listed, the date mus	t be specific and cannot be prior to dat	e of filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective date on the D		statutory filing requirements, this date will not be listed a
record specifies a delayed	l effective date, but not an	effective time, at 12:01 a.m. on the earlier of
The 90th day after the rec		
H4 N 20	2020	
ted	2020	
	ΩM	
	Signature of a member or authorized	representative of a member
	Signature or a memoer or authorized	representative of a member
SAMMY M. ALLOUCI	IE	
	Typed or printed nan	re of signer

Page 3 of 3

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