

L20 000245402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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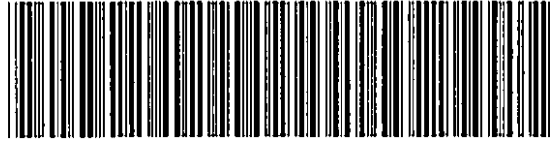
(Business Entity Name)

(Document Number)

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US  
5/27/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHARMANYNEPERFECTION SKIN CARE & BODY CONTOURING 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:

SERGE LOUIS

Name of Person

ZEUS ENTITY MANAGEMENT, LLC

Firm/Company

7972 PINES BLVD #246122

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

support@zemfilings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGE LOUIS

954

451-1182

at ( )

Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

CHARMANYNEPERFECTION SKIN CARE & BODY CONTOURING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/07/2020 and assigned  
Florida document number L20000245402.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CHARMANYNE PERFECTION, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

17027 West Dixie Hwy, Suite 120

North Miami Beach, FL 33160

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

17027 West Dixie Hwy, Suite 120

North Miami Beach, FL 33160

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ZEUS ENTITY MANAGEMENT, LLC

New Registered Office Address:

7972 PINES BLVD #246122

*Enter Florida street address*

Pembroke Pines

*City*

Florida 33024

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	SIMMONS, CHARMAYNE	17027 West Dixie Hwy, Suite 120	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	SIMMONS, CHARMAYNE	1141 NE 201 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SIMMONS, CHARMAYNE	17027 West Dixie Hwy, Suite 120	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

APR 12 9:27  
06-07-00-00

7-60  
APR 12 9:22 AM  
FBI - NEW YORK

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 07, 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CHARMAYNE SIMMONS

Typed or printed name of signer

**Filing Fee: \$25.00**