120000278980

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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TO:	Registration Section
	Division of Corporations

SUBJECT:	•	PARFUMS ROY 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:



For further information concerning this matter, please call:

TERESIA 60 nzalez BOMERO at (786) 346- 2381 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)

<u>Mailing Address:</u> 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

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	i <u>y as it now appears on our records.</u>) iability Company)
The Articles of Organization for this Limited Liability Company - Florida document number <u>L20000278980</u>	were filed on <u>090820</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL," or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>)	2022
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	City	, Florida

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.

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address 1119 Sw 9th St	Type of Action
MGR	Teresa Gonzalez Romen		XAdd
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing:

(optional) (If an 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 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/08/20

Signature of a member or authorized representative of a member

TERESA GONZALEZ ROMERO Typed or printed name of signee

Filing Fee: \$25.00