

L22000467791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

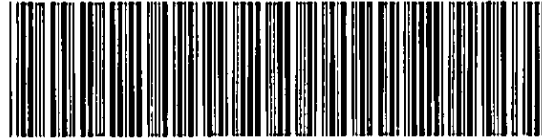
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Special Instructions to Filing Officer:

~~L22000467791~~

4/04

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4/10/23  
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2023 APR -4 PM 4:38  
OFFICE OF STATE  
CLERK FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2023

PATRICIA CADEAU  
2842 SANDERS PINE CIRCLE  
IMMOKALEE, FL 34142 US

SUBJECT: PARTOUT BEAUTY SUPPLY LLC  
Ref. Number: L22000467791

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams  
REGULATORY SPECIALIST II

Letter Number: 623A00004465

RECEIVED

APR 11 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Partout Beauty Supply

\_\_\_\_\_  
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:

Patricia Cadeau

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2482 SANDERS PINE CIRCLE

\_\_\_\_\_  
Address

IMMOKALEE, FL 34142

\_\_\_\_\_  
City/State and Zip Code

patriciacadeau@gmail.com

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

For further information concerning this matter, please call:

Romane Talleyrand

7863174751

\_\_\_\_\_  
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**

Partout Beauty Supply 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 11/02/2022 and assigned  
Florida document number 1.22000467791.

This amendment is submitted to amend the following:

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

Patou Beauty Supply LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2482 SANDERS PINE CIRCLE

IMMOKALEE, FL 34142

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

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, FL

**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:

Patricia Cadeau

New Registered Office Address:

2482 Sanders Pine Circle

Enter Florida street address

Immokalee FL

City

Florida 34142

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

Patricia Cadeau

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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.

Dated

03/17/2023

Signature of a member or authorized

Signature of a member or authorized representative of a member

Measeul Philistin

Typed or printed name of signee