## L23 000 421 106

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer.	

Office Use Only



200448589572

04/14/25--01002--020 \*\*\* 25 00



## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
ento de car	THE PAME	PERED HEAD PARLOR,LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		LAURA BONET		
			Name of Person	
		THE PAMPERED HEAD	PARLOR,LLC	
			Firm/Company	
		4100 SALZEDO STREET		
			Address	· · · · · · · · · · · · · · · · · · ·
		#1		
			City/State and Zip Code	<del></del>
		CORAL GABLES,FL 3314		
		E-mail address; (	to be used for future annual report no	ntification)
For further	information c	oncerning this matter, please ca	all:	
LAURA B	ONET		305 563-1220	
·	Name o	l'Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s 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)
	ailing Addres		Street Address: Registration S	ection
	ivision of C		Division of Co	orporations
	O. Box 632		The Centre of	
į :	allahassee, I	~L 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PAMPERED HEAD PARLOR.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 99/11/2023 and assigned Florida document number | L23000421106 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE PAMPERED PARLOR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: LAURA BONET Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
			□ Петюче
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		/	□ Change
	/	/	[] Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	/		□Change

<i>)</i> . 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
the record is	ord 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 filed.
Date	April 4m, 2025
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00