

U100012308

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FVS TAMARIND, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

15 OCT 27 AM 11:42

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OCT 28 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FVS TAMARIND 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:

PAULO MIRANDA

Name of Person

PSM CORPORATE SERVICES INC.

Filing Company

1001 BRICKELL BAY DRIVE, SUITE 2408

Address

MIAMI, FL 33131

City/State and Zip Code

LIVIA.VIEIRA@PSM CORPORATE.COM

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

For further information concerning this matter, please call:

LIVIA VIEIRA

Name of Person

305 458-3752

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$35.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FVS TAMARIND LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/28/2011 and assigned
Florida document number L11000123088

This amendment is submitted to amend the following:

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

FVS PARAMOUNT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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CLERK OF SUPERIOR COURT
MONTGOMERY COUNTY, FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager
AMBR - Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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D. If appending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for entering additional information.

E. Effective date, if other than the date of filing: (optional)
(The effective date must be approved in advance prior to filing of Record or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated: October 28th 2015

Livia Vieira

Signature of a member or authorized representative of a member

LIVIA VIEIRA

Typed or printed name of filer

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TALLAHASSEE, FLORIDA