

L11000123086  
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  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FVS PARAMOUNT LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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K. SALY  
EXAMINER  
DEC 31 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FVS PARAMOUNT 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.**

Firm/Company

**1001 BRICKELL BAY DRIVE, SUITE 2406**

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**

at ( )

Area Code

**456-3752**

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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COUNTY OF ST. LUCIE  
MALLAHUSSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FVS PARAMOUNT 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 10/28/2011 and assigned Florida document number L11000123086

This amendment is submitted to amend the following:

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

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RUY LEMOS SAMPAIO	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 2406	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MBR	RUY LEMOS SAMPAIO	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 2406	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	PAULO MIRANDA	1001 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		SUITE 2406	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TAMPAH SECT. 10  
MIRANDA  
PAULO  
ADD

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

Four horizontal lines for amending information.

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

Dated DECEMBER 30TH, 2015

*Livia Vieira*

Signature of a member or authorized representative of a member

LIVIA VIEIRA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA