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' COVER LETTER

	ision of Cort			
SUBJECT:	INTENSO U	JSA, LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		FRANK CASTORO		
			Name of Person	
		FRANCIS X. CASTORO,	P.A.	
Firm/Company				
	5300 N FEDERAL HIGHWAY			
		<u> </u>	Address	
		FORT LAUDERDALE, F	L 33308	
		FCastoro@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Frank Casto	ro		954 922-0505 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

]]	NTENSO U	ISA, LLC		
(Name of the Limited Liability (A Florida	ty Company a Limited Lia	as it now appears on bility Company)	our records.	·
The Articles of Organization for this Limited Liability C Florida document number L13000033423	Company w 	ere filed on 03/05/	2013	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liabili	ty company here:		
PARAMOUNT HOSPITALITY, LLC				
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		ce address on o	ır records, <u>ente</u>	r the name of the new
New Registered Office Address:				
	Enter Florida street address			
	· · · · · · · · · · · · · · · · · · ·		, Florida _	
		City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p igent as pr ed office a	erformance of my ovided for in Cha	duties, and I an opter 605, F.S. Oconfirm that The Confirm that The Confir	n familiar with and r, Hthis document is imited liability Registered Arent
			RIB	W

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 **Type of Action Title** Name <u>Address</u> _□ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change ₽⊟PAdd M Remove ☐ Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is bisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filied. Dated 1	If'amer	nding any other information, enter change(s)	here: (Attach additio	onal sheets, if n	ecessary.,)	
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Poated 12-02-15 Signature of a member or authorized representative of a member 12-02-15 FRANK CASTORO - Corporate Counsel Typed or printed name of signee	(If an effe <u>Note:</u> docume	ctive date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the ap- ent's effective date on the Department of State's rec- ord specifies a delayed effective date, bu	prior to date of filing or n pplicable statutory filin ords.	nore than 90 days a ng requirements,	fter filing.) this date v	vill not be	listed as t
Signature of a member or authorized representative of a member FRANK CASTORO - Corporate Counsel Typed or printed name of signee	The	90th day after the record is filed.					
FRANK CASTORO - Corporate Counsel Typed or printed name of signee	Dated _	12-02-15 201	5				
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Filing Fee: \$25.00