

L14000165612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

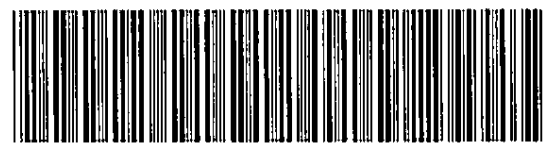
(Business Entity Name)

(Document Number)

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17 DEC 18 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAROMAR INVESTMENTS 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:

PAULA F MONTOYA

Name of Person

PAULA MONTOYA LAW LLC

Firm/Company

5323 MILLENIA LAKES BLVD SUITE 300

Address

ORLANDO FL 32839

City/State and Zip Code

PAULA@PAULAMONTOYALAW.COM

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

For further information concerning this matter, please call:

PAULA MONTOYA

407

9069126

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAROMAR INVESTMENTS 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 10/20/2014 and assigned Florida document number L14000165612.

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 contain 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)

7751 KINGSPONTE PKWY SUITE 109
ORLANDO, FL 32839
17 DEC 18 AM 2:27
SECRETARY OF STATE

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: VENCESLAU AGUIAR SOARES JR

New Registered Office Address: 7751 KINGSPONTE PKWY SUITE 109

Enter Florida street address


ORLANDO, Florida 32839

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 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>	<u>Type of Action</u>
MGR	VENCESLAU SOARES	7751 KINGSPONTE PK WY 109	<input type="checkbox"/> Add
		ORLANDO FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA A SAYON ALENCAR	AMAMEDA DOS AICAS 159/03	<input type="checkbox"/> Add
		SAO PAULO 04086-000 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARINA SAYON	RUA CAMPO VERDE N 660	<input type="checkbox"/> Add
		SAO PAULO 01456-010 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JUANITA ESPLIGARES SAYON	RUA CAMPO VERDE N 660	<input type="checkbox"/> Add
		SAO PAULO 01456-010 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RICARDO SAYON	RUA CAMPO VERDE N 660	<input checked="" type="checkbox"/> Add
		SAO PAULO 01456-010 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEXBOROUGH CORP	802 WEST BAY ROAD	<input checked="" type="checkbox"/> Add
		P.O BOX 10655	<input type="checkbox"/> Remove
		GRAND CAYMAN ISLAND KY1	<input checked="" type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC 11 AM 2:23

E. 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.

If the record 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 record is filed.

Dated December 4th, 2017

Signature of a member or authorized representative of a member

RICARDO SAYON

Typed or printed name of signee