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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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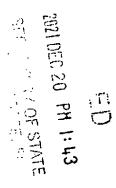
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassec, FL 32314

eun merr.	Paragon Webware LLC					
SUBJECT:			ited Liability Company			
			_			
riease retuir	ran correspo	indefice concerning this matter	to the following.			
		John Bowering				
			Name of Person	·- ·- ·- ·-		
		Paragon Websites, LLC				
		Name of Limited Liability Company ricles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: John Bowering				
		727 Ellicott Circle NW				
			Address			
		Port Charlotte, Florida 339.	52			
			City/State and Zip Code			
		• = ==		NG-wi		
For further i	nformation c	· ·	•	mearony		
John Bower						
		f O		ya Talanhona Numbar		
	Name o	reison	Area Code Dayin	ne retephone rumoer		
Enclosed is	a check for th	ne following amount:				
≅ \$25.00 l	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy		
	iling Addres			ection		
Registration Section Division of Corporations			_			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paragon Webware, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 7//17/15 and assigned		
lorida document number L15000123163			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
Paragon Websites, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	727 Ellicott Circle NW		
Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, Florida 33952		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new registe		
igent and/or the new registered office address here:	and ess on our records, enter the name of the new region		
Name of New Registered Agent:			
New Registered Office Address:			
1100 11001000 (71100 1100 1100 1100 1100	Enter Elorida street address		
	Florida		
	City Zip Code T		
New Registered Agent's Signature, if changing Registered Agent:	9 P D		
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to confiply 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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footive date if oth	er than the date of fili	1/1/2022		(optional)	
an effective date is liste	i, the date must be specific a	and cannot be prior to	date of filing or more than	n 90 days after filing.) Pursui	
	ted in this block does no late on the Department o		ole statutory filing requ	rements, this date will no	of he listed as
ocument's enecuve	ate on the Department o	i state s records.			
	and offertion data but a		a at 12:01 a m on the	and in a first that the same	day ofter the
l is filed.	ayed effective date, but is	iot an effective tim	e, at 12.01 a.m. on the	earlier of: (b) The 90th	day after the
December 15 Dated		2022	_ •		
·	11/1		-		
,	1.1.11	_	zed representative of a m		

Typed or printed name of signee