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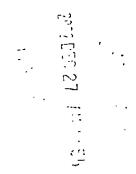
(Requestor's Name)	—
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

SUBJECT: Division of Co	rporations PARAM OUN	+ Lic	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Muhammad Saeed		
		Name of Person	
	DPARAMOUNT LLC		
		Firm/Company	
	7901 4TH ST N STE 7621		5.3
		Address	
	ST. PETERSBURG, FL 3		
	hmsg3111@gmail.com	City/State and Zip Code	
		to be used for future annual report not	itication)
For further information c	concerning this matter, please c	all:	•
Muhammad Saeed		505 4452615	
Name o	of Person	at ()	ne Telephone Number
			'
Enclosed is a check for the	he 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)
<u>Mailing Addre</u>		Street Address:	
Registration !		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee.			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DPARAMOUNT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 04/22/2022	and assigned
Florida document number L22000193707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		22
		- 6
Enter new mailing address, if applicable:		27
Mailing address MAY BE A POST OFFICE BOX)		-
Training marcis MATT DE ATTOST OFFICE BOAY		~-,
		- 4
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Entire El. of Long. con 11	
	Enter Florida street address	
	Flor	
	Cuy	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 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>	Address	Type of Action
AMBR	Muhammad Saeed	7901 4TH ST NSTE 7621ST, PETERSBURG, FL 3:	370 ≣Add
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			□Change
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Pective date, if other than n effective date is listed, the date: If the date inserted in the cument's effective date on the	te must be specific and only his block does not me	cannot be prior to d eet the applicable	ate of filing or more th	(option: an 90 days after fili airements, this da	ng.) Pursuant to 605.0
ecord specifies a delayed efficient.	fective date, but not a	in effective time.	at 12:01 a.m. on the	earlier of: (b)	The 90th day after t
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	MUHAM	MAD SAL	ttU		