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EXAMINER

COVER LETTER

	tion Section of Corporations			
, SUBJECT:	Paradigm E	Engineers & Consultants		
SUBJECT:		Limited Liability Company		
The enclosed Arti	cles of Amendment and fee(s) ar	e submitted for filing.		
Please return all c	orrespondence concerning this m	natter to the following:		
	,			
		Mark A. Schuster		
		Name of Person	· .	
	Par	Paradigm Engineers & Consultants		
		Firm/Company		
		2420 Mahaman Daha		
		3420 Mahoney Drive		
		Add 655	55 6 7	
		Tallahassee, FL 32309		
		City/State and Zip Code	25 20 FM	
	msch	uster@paradigm-engineers.com ress: (to be used for future annual report notification)		
For further inform	nation concerning this matter, ple	· ·	PHE: 58 PHE: 58	
	Mark A. Schuster	at (850) 385-6	5796	
	Name of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a che	eck for the following amount:			
\$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Sta		\$60.00 Filing Fee, Certificate of Status & Certified Copy	
•		(additional copy is cholosed)	(additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER AT	DDRESS:	
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradigm Engineers & Consultants (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 February 24, 2004 and assigned L04000014866 Florida document number ___ 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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** Type of Action **MGRM Phil Sanders** 3070 Waterford Drive ✓ Add Tallahassee, Florida 32308 Remove ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Mark A. Schuster

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee