

LD5000120280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

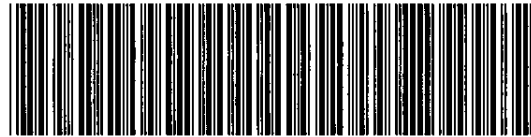
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12 OCT 29 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARAGON CAPITAL PARTNERS, 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:

MICHELLE DY

Name of Person

CONVERGENT MANAGEMENT LLC

Firm/Company

4600 WEST CYPRESS STREET SUITE 120

Address

TAMPA FL 33607

City/State and Zip Code

MICHELLE@CONVERGENTCAP.COM

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

For further information concerning this matter, please call:

MICHELLE DY

Name of Person

at (813)

386-4908

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PARAGON CAPITAL PARTNERS, 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 12/16/2005 and assigned
Florida document number L0500120280.

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)

4600 WEST CYPRESS STREET

SUITE 120

TAMPA FL 33607 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4600 WEST CYPRESS STREET

SUITE 120

TAMPA FL 33607 US

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:

4600 WEST CYPRESS STREET SUITE 120

Enter Florida street address

TAMPA

, Florida

City

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 affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	GOVINDARAJU, SANTOSH	3105 WEST WATERS AVENUE, SUITE 107 TAMPA FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	GOVINDARAJU, SANTOSH	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	BERAQUIT, PAUL	3105 WEST WATERS AVENUE, SUITE 107 TAMPA FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES	BERAQUIT, PAUL	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	PATEL, SACHIN	3105 WEST WATERS AVENUE, SUITE 107 TAMPA FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	PATEL, SACHIN	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/25/2012, _____

Signature of a member or authorized representative of a member

Santosh Govindaraju

Typed or printed name of signee