L07000116559

| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (City/State/Zip/Prione #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| , | |
| | |
| | |
| | |

Office Use Only



300144155973

02/23/09--01012--002 **25.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
FEB 2 4 2009
EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|--|---|
| SUBJECT: Paradio | gm Limousines Esco | | |
| | (Name of Lim | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Robert G. Brown | | |
| | · | (Name of Person) | |
| | Paradigm Limousines, L | LC | |
| | | (Firm/Company) | |
| | 12131 Bishopsford Drive | • | |
| | | (Address) | |
| | Tampa Fla 33626 | | |
| | | (City/State and Zip Code) | <u></u> |
| For further information of | concerning this matter, please of | eall: | ýa. |
| Robert G Brown | | at (813) 748-0407 | |
| (Name | of Person) | (Area Code & Daytime T | Felephone Number) |
| Enclosed is a check for t | 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) |
| | | | |

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

| Paradigm Limousines Escorts, L.L.C | | |
|--|--|--------------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our a Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability (| Company were filed on 11-19-2007 | and assigned |
| Florida document number L07000116559 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| Paradigm Limousines, LLC | | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company," the d | esignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 09 VI |
| (Principal office address MUST BE A STREET ADD | RESS) | SECRETISION OF AN |
| | | Z Z |
| | | 3 CREE |
| Enter new mailing address, if applicable: | | PH RPGS |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2: A |
| | | <u> </u> |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | ds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Att and a | |
| | (Enter Florid | da street address) |
| | (City) | Florida(Zip Code) |
| | (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 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------------|--|-----------------------|
| | | | |
| | | | Pomovo |
| | | | T Remove |
| | | | |
| | | | Add Remove |
| | | | |
| | | | Add |
| | | | |
| | | | |
| | | | |
| | | | Remove |
| | | | |
| | <u> </u> | | Add Remove |
| | | | |
| | | | Add |
| | | | |
| | | - · · · · · · · · · · · · · · · · · · · | |
| D. If a | mending any other information | i, enter change(s) here: (Attach additional sh | neets, if necessary.) |
| | | | |
| | | | ISIOS |
| | | | SECRETAR OP JAN 23 |
| | | | |
| | - | | PH 2: |
| | | | |
| Dated _ | February 13th | | () |
| | MF) | | |
| | Signate | ire of a member or authorized representative of a | member |
| | Robert Ge | ne Brown | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00