L0700019137

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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08 MAY -5 PM 4: 10

T. HAMPTON

MAY - 6 2008

EXAMINER



00 / 21 / 22 / 72 /
TO: Registration Section Division of Corporations ASSOCIATES LLC
SUBJECT: (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:
Philip Christian (Name of Person) PAR Ventures LLC (Firm/Company)
1210 Nt 4 Street (Address) H Gudlerdall fl 3330) (City/State and Zip Code)
For further information concerning this matter, please call:
Michelle Cardona at 954 822-9597 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additi

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 MAY -5 PM 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 18, 2008

PHILIP CHRISTIAN 1210 NE 4 ST FT LAUDERDALE, FL 33301

SUBJECT: PAR ASSOCIATES LLC Ref. Number: L07000119137

We have received your document for PAR ASSOCIATES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is the wrong form, to change the name of you Limited Liability Company you have to file an amendment. The correct forms are enclosed to file your name change for Limited Liability Company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00023431

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

PAR ASSOCIATES 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 11 2010 1 Florida document number <u>LO 700 O19 137</u> .	and assig	SECRI SECRI
This amendment is submitted to amend the following:	Y-5 PH	FILED FILED FILED FILED
A. If amending name, enter the new name of the limited liability company here: PAR Ventures LLC	. 10 14: 10	STATE
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C."	or the abl	oreviation
B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:	ame of	the new
Name of New Registered Agent: Philip Christian	<u>) </u>	
New Registered Office Address: 1210 he 4 Street (Enter Florida street address)		
++· Lauderdale, Florida 3.	330 Zip Code)	21

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

MGR = Manager

MGRM = Managing Member Type of Action Remove Add Remove Add Remove Add Remove 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 Typed or printed name of signed

Page 2 of 2

Filing Fee: \$25.00