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SECRETARY OF STA

APPROVED AND FILED

P1/P0/10.

## **COVER LETTER**

Registration Section Division of Corporations

TO:

PARAMO SUBJECT:	UNT COURT, LLC				
30BJEC1,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Darlene C. Vamos				
		Name of Person			
	PARAMOUNT COURT.	LLC			
		Firm/Company			
	7935 Eugene Drive			. 20	
		Address	,	A語 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	P
	Port Richey, FL 34668		:	2019 FEB 28 SECRE LAST	PPROVEU FILED
		City/State and Zip Code		187. B	EDONE
	darlenevam@gmail.com			当の	
	E-mail address: (	to be used for future annual report notif	ication)	AH: 42	
For further information of	concerning this matter, please co	all:		理画や	
Darlene C. Vamos		813 863-0418 at ()			
Name c	of Person	Area Code Daytime	Telephone 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)	Certified	e of Status &	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Center of Courts and C	n ations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNT COURT, LLC					
(Name of the Limited Li (A F	iability Comp: lorida Limited	any as it now appears on our Liability Company)	records.)	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on					
lorida document number L10000065111	·				
This amendment is submitted to amend the followin	ig:				
A. If amending name, enter the new name of the	limited liah	oility company here:			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	on "LLC" or the abbre	eviation "L.L.C."	
Inter new principal offices address, if applicable	:	7935 Eugene Drive		20	
Principal office address MUST BE A STREET A	DDRESS)	Port Richey, FL 34668	2m -0	<u> </u>	
				EB	
Enter new mailing address, if applicable:		7935 Eugene Drive		NO AM	
(Mailing address MAY BE A POST OFFICE BOX)		Port Richey, FL 34668			
-			<b>₹ ₹</b>		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		<u>e</u> :	records, <u>enter th</u>	e name of the	
20	Oll State Des	-1 500 Puls 20			
New Registered Office Address:	711 State Koa	ad 590, Suite 26  Enter Florida stree	t address	<del></del>	
C	learwater		, Florida _ <sup>33759</sup>	9	
	<u>.</u>	City	, r iorida	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 Changing Registered Agent, Signature of New Registered Agent

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	Tabitha Moreira	600 BYPASS DRIVE, Suite 103	
		Clearwater, FL33674	Remove
			Change
MGR	Darlene C. Vamos	7935 Eugene Drive	<b>=</b> Add
		Port Richey, FL 34668	Remove
			Change
			APPRO ANI WILLAHASSE
			APPROVED AND AND ECTANO
			SIN III III III III III III III III III
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<b>ffective date, if</b> an effective date is ote: If the date ocument's effect	listed, the date mi inserted in this b	st be specific a lock does not	nd cannot be p meet the ap	plicable stat		e than 90 days			
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February 2	1		2019	Ŋ	.7				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee