L11000087338

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SECRETARY OF STATE
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COVER LETTER

Division of Co	orporations	· s · · ·			
SUBJECT:	PARAMOUNT 1	104 INVESTMENT, LLC			
SUBJECT.		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	LORENZO J. HURTADO				
		Name of Person			
	PARAMOUNT 1104 INVESTMENT, LLC				
	Firm/Company				
	175 SW 7TH ST. #1523				
	Address				
		MIAMI, FL 33130			
City/State and Zip Code					
ASSISTANT@477REALTY.COM					
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of	call:			
LOREN	IZO J. HURTADO	at (_305_)	629-8191		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for t	the 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:

TO: Registration Section

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

FILED

11 OCT -7 AM 10: 56

		. 001	' AM 10: 56
PARAMOUN'	T 1104 INVESTMEN	T, LLELLAHAR	Y OF STATE
(Name of the Limited Liabi (A Florid	lity Company as it now appear la Limited Liability Company)	rs on our records.	EE, FLORIDA
The Articles of Organization for this Limited Liability			and assigned
Florida document numberL11000087338			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	•	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	aress
	City	, Florida	Zip Code
	City		Lip Coue

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 Title Address Name **MGRM** DOUGLAS R. HURTADO 175 SW 7TH ST. #1523 ✓ Add Remove MIAMI, FL 33130 ☐ Add Remove ☐ Add Remove Remove ___Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member LORENZO J. HURTADO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00