L110W138758

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EXAMINER



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COVER LETTER

TO:	Registration Se Division of Con				
SUBJE	·CT•	PARAMOL	JNT CREDIT LLC		
O DBata		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:	₹	
 			Aram C. Bloom Name of Person		
·			Sachs Sax Caplan Firm/Company		
6111 Broke			n Sound Parkway NW, St	uite 200	
Address					
Boo			ca Raton, Florida 33487 City/State and Zip Code		
		igoldm E-mail address: (1	an@pcgperformance.cor	n tification)	
For furt	her information o	concerning this matter, please of	eall:		
		am C. Bloom	at (561) Area Code & Dayt	237-6832 ime Telephone Number	
Enclose	ed 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)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNT CREDIT LLC



(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appear ity Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document numberL11000138758	e filed on	12/09/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limited I "L.L.C."	iability Compa	ny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	ur records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street addi	ress
Ci		, Florida	Ziv 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name <u>Address</u> Type of Action **MGRM** ISAIAH GOLDMAN 3333 S. Congress Avenue ☑ Add ☐ Remove Suite_#403 Delray Beach, FL 33445 Remove Remove ☐ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) As of September 24/ 2012 Dated __ grature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00