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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 26 PM 2:57

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PARAMOUNT CREDIT LLC**  
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:

Aram C. Bloom

Name of Person

Sachs Sax Caplan

Firm/Company

6111 Broken Sound Parkway NW, Suite 200

Address

Boca Raton, Florida 33487

City/State and Zip Code

igoldman@pcgperformance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aram C. Bloom

Name of Person

at ( 561 )

237-6832

Area Code & Daytime Telephone Number

Enclosed is a check for 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:**

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

12 SEP 26 PM 2:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 SEP 26 PM 28 57  
FBI  
DIVISION OF INVESTIGATION  
SECRETARY OF DEFENSE

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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:

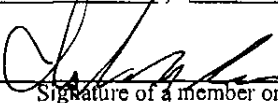
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ISAIAH GOLDMAN	3333 S. Congress Avenue Suite #403 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated As of September 24, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ISAIAH GOLDMAN  
\_\_\_\_\_  
Typed or printed name of signee