

08/29/2013

TU 18:39

FAX 305

7899201

FOWLER

BURNETT

001/005

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000193283 3)))



H13000193283ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (305) 789-9201

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address:

esalcedo@fowler-white.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PARAMOUNT PH 4005 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

13 AUG 30 AM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 30 AM 8:29

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 03 2013

EXAMINER

(H130001932833)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Paramount PH 4005 LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and lco(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jeanne Fuentes Lopez**

Name of Person

**Fowler White Burnett, P.A.**

Firm/Company

**1395 Brickell Avenue, 14th Floor**

Address

**Miami, Florida 33131**

City/State and Zip Code

**esalcedo@fowler-white.com**

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

For further information concerning this matter, please call:

**Jeanne Fuentes Lopez**

Name of Person

at **305 789-9269**

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

(H130001932833)

RECEIVED  
TALLAHASSEE, FLORIDA

2013 AUG 30 AM 8:29

(H130001932833)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paramount PH 4005 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 01/25/2012 and assigned  
Florida document number L12000011813.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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

(H130001932833)

(H130001932833)

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>
MGR	Jeanne Fuentes Lopez	c/o Fowler White Burnett, P.A. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Corporate Management Inc	8236 NW 30th Terrace Doral, Florida 33122	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

 RECEIVED  
TALLAHASSEE, FLORIDA  
2013 AUG 30 AM 9:30

(H130001932833)

(H130001932833)

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

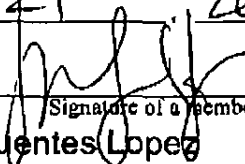
---

---

---

---

Dated August 21, 2013



Signature of a member or authorized representative of a member

Jeanne Fuentes Lopez

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 30 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H130001932833)