## 1/2000/76257

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## **COVER LETTER**

Division of Corporations				
SUBJECT:	_	rategy Consulting		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filling.	
Please return	all correspon	dence concerning this matter	to the following:	
		Raymond W Beltz		
			Name of Person	
		Paradigm Strategy Consult	ing LLC	
			Firm/Company	
		3878 San Bernado Drive		
			Address	<del></del>
		Jacksonville, FL 32217		
			City/State and Zip Code	
		ray@paradigmconsulting.us	to be used for future annual report notific	
			-	amon)
For further in	nformation co	ncerning this matter, please ca	all:	
Raymond W	Beltz		904 516-0021 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

Paradigm Strategy Consulting Liability Company as it now appears on our records.)
Florida Limited Liability Company) Name of the Limited The Articles of Organization for this Limited Liability Company were filed on  $\frac{06-06-12}{1}$ and assigned Florida document number L12000076257 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 contain 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 City

## 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
MGR	Christopher Lombardozzi	6140 Trish Court	□ Add
		Jacksonville, FL 32206	■ Remove
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an effective date is listed, the date must be specific and cote: If the date inserted in this block does not me	annot be prior to date of	filing or more than 90 days	after filing.) Pursu	ent to 605.02
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record specifies a delayed effective da	te, but not an eff	ective time, at 12:0	)1 a.m. on th	e earlier
The 90th day after the record is filed.				
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nted,				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00