## 112000082383

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## **COVER LETTER**

	ion Section of Corporations			
CUD IEZE.	PARAMOUN	T 3408, LLC		
SUBJECT:		nited Liability Company		<del></del>
	les of Amendment and fee(s) are sub			
rrease return all co	rrespondence concerning this matter	to the lollowing:		
	ALES	KANDRA SUKHOVERI	CHAYA	
		Name of Person		
		PARAMOUNT 3408, L	LC	
		Firm/Company		
		8690 BISCAYNE LVD	SUITE 7	
		Address		
		MIAMI FL 33138	3	
		City/State and Zip Code	,	
	E-mail address:	surkoya@gmail.com (to be used for future annua	report notificat	ion)
For further informa	ation concerning this matter, please o	all:		
ALESXANDRA SUKHOVERKHAYA		518	375-9897	
Name of Person		at () Area Code	Daytime Te	lephone Number
Enclosed is a check	s 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)
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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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMO	UNT 3408, LLC	
( <u>Name of the Limited Liability Compa</u> (λ Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000082383</u> .  This amendment is submitted to amend the following:	mending name, enter the new name of the limited liability company here:  name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," or the a	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L. L. C."
Enter new principal offices address, if applicable:	8690 BISCAYNE BLVD SUITE 7	
Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33138	
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>ento</u>	er the name of the na
Name of New Registered Agent:		SIA: LORIDA
New Registered Office Address:	Emer Florida street address	
	Florida	
	Спу	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 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	Alexandre Ballerini	927 Lincold RD Suite 200	
		Miami Beach, FL 33139	■ Remove
			□ Change
MGR	Massimo M. Moroni	871 NE 71ST Street	
		Miami FL 33138	□ Remove
			☐ Change
MGR	Alesxandra Sukhoverchaya	871 NE 71ST Street	
		Miami FL 33138	_□ Remove
			☐ Change
		<del>.</del>	
			SSEE Commonweal Common
			Remove
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Typed or printed name of signee

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