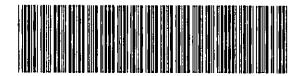
L/2000082383

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(During Faith No.)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ,
——————————————————————————————————————

Office Use Only



800323899938

02/01/19--01018--019 **30.00

2019 FEB -1 PH 5: 10

C. GOLDEN

FEA - 8 2010

COVER LETTER

TO:	Registration Se Division of Cor					
C12D 11	rarr.	PARAMOUN	F 3408, LLC			
SUBJI	EC.1:	Name of Lim	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		ALESX	ANDRA SUKHOVERKHAYA			
			Name of Person			
PARAMOUNT 3408, LLC						
	····					
	8690 BISCAYNE BLVD SUITE 7					
		Address				
			MIAMUFL 33138			
		City/State and Zip Code surkoya@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please ca	all:			
A	LESXANDRA SU	KHOVERKHAYA	518 375-989	7		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2	5.00 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)		

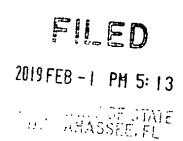
MAILING ADDRESS:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNT 3408, LLC



(<u>Same of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000082383</u>	were filed on 06/21/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____. Florida ____

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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
MGRM	Massimo M. Moroni	871 NE 71ST Street	☐ Add
		Miami FL 33138	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
n effect <u>te:</u> H	date, if other than the date of filing: 01/25/2019 (optional)
he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed	Signature of a member or authorized representative of a member
	- Surmay e
	Signature of a member or authorized representative of a member
	ALESXANDRA SUKHOVERKHAYA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00