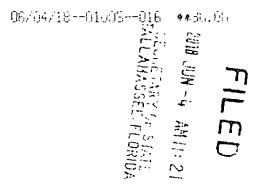
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COVER LETTER

SURJECT: Parache Design Consultants, UC Name of Limbel Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
lisa Zwick
Parache Design Consultants UC
3925 NW SAND ST.
Boca Raton, FC 33496 City/State and Zip Code [15a, Parachedes (CMSH. Com E-mail Indiress: (to be used for future annual aport notification)
For further information concerning this matter, please call:
Name of Person at (561) 990-3575 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on March 79,203 and assigned Florida document number 61300004.7377

This amendment is submitted to amend the following:

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

Parache Designs 1440

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 MAY BE A POST OFFICE BOX)

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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an et Note:	(optional) Tective date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	7 (3 <u>(</u> t the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.	f:
Dated	5-11-18	
	Signature of a member or authorized representative of a member	
	Haren L. Press Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00