

L13000123558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

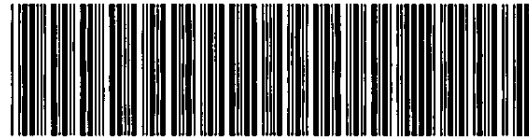
(Business Entity Name)

(Document Number)

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16 JUN 25 2014 10  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT:

Paradigm Enterprise & Services, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Frank Campos  
Name of Person  
Paradigm Enterprise & Services LLC  
Firm/Company  
3961 SW PT St Lucie Blvd #117  
Address  
Port St Lucie FL 34953  
City/State and Zip Code  
paradigmenterprise@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Campos at 407 879-1742  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Paradigm Enterprise & Services, 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 9/3/2013 and assigned  
Florida document number L13000123555

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3961 SW Pt St Lucie Blvd #117  
Pt St. Lucie FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3961 SW Pt St Lucie Blvd #117  
Pt St Lucie FL 34953

**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:

Wanda I Jorge

New Registered Office Address:

3961 SW Pt St Lucie Blvd #117

Enter Florida street address

Pt St Lucie, Florida 34953

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 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.

Wanda I Jorge  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eddie Valentin	3961 SW Pt St Lucie Blvd	<input type="checkbox"/> Add
		# 117	<input checked="" type="checkbox"/> Remove
		Port St Lucie Fl 34953	
AMBR	Wanda I. Jorge	3961 SW Pt St Lucie Blvd	<input checked="" type="checkbox"/> Add
		# 117	<input type="checkbox"/> Remove
		Port St Lucie Fl 34953	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/20, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Frank Campos  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
16 JUN 25 09:10  
TALLAHASSEE, FLORIDA