

L17000127555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

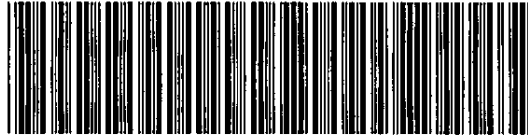
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 24 2014

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
Name of Person

at 772
Area Code

407-879-1742
772-249-4802
646-5085
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**)

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:

Rafael Carrion

New Registered Office Address:

3961 SW PT St Lucie Blvd #277

Enter Florida street address

Port St Lucie

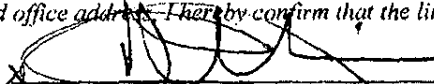
, Florida

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.



(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	Rafael Carrion	13168 SW 73rd Ave Ocala, FL 34473	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Wanda I. Jorge	3961 SW PT St Lucie Blvd #117 Port St Lucie FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Rafael Carrion	13168 SW 73rd Ave Ocala, FL 34473	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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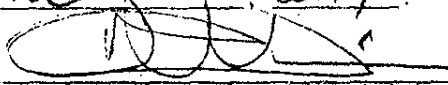
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Rafael Carrion as new registered agent
and added as a Manager

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 Nov 12, 2014

x 

Signature of a member or authorized representative of a member

Rafael Carrion

Typed or printed name of signee

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Filing Fee: \$25.00

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