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SECRETARY OF STATE
ASECRETARY OF STATE

FEB - 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PARMONA 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:
Willy FEREIRA
Name of retson
YORMONCE UC
900 NE 1957 5T # 116
Address
MIOM., FL 33179
City/State and Zip Code Will YFERE RA (3) Yahoo · wil E-mail address (to be used for filture annual report notification)
For further information concerning this matter, please call:
WILLY TEDE IRA at (954) 534 3101 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status 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

<u> </u>	UC .	
(Name of the Limited Liability Com (A Florida Limited	oany as It now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Companifornida document number 11400006315.	ny were filed on	2/i4and assigned
This amendment is submitted to amend the following.		
A. If smending name, enter the new name of the limited lin	<u> </u>	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designatio	n "LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the ner
Name of New Registered Agent:	NA NA	
New Registered Office Address:	Enter Florida street d	wkirass
		_, 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.

NA
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

TILLU 2014 FEB - D PM 1: 24 SECRETARY OF STATE 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 = A	utborized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MIGUELA VILLEN DIOZ	900 NE 195745T	Add
		SVITE 618	Remove
		MIDHI , FL 33179	
			Remove
			Remove
			<u></u>
			□ Add
			C Remove
			
			(C) Add
			Remove

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D. If ame	nding any other information	n, enter change(s) here: (At	tach additional sheets, if necessary.)
_			
_			
-			
-			
(The offe	ve date, if other than the da cuve date must be specific, cannot b this document is filed by the Florid	e prior to date of receipt or filed dat	(optional) e and cannot be more than 90 days after
Dated	JANUERY 31	<u> </u>	
		man Du	Lymin)
	Sig	mailire of a member or authorized i	epresentative of a member

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Filing Fee: \$25.00

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