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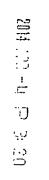
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Office Use Only



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B. BOSTICK

APR - 7 2014

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Century 21 Paramount Properties LLC

SUBJECT

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:

Rhonda Hinds Name of Person

Rhonda L Hinds CPA, PA

Firm/Company

400 E. Merritt Ave Suite C

Address

Merritt Island, FL. 32953

City/State and Zip Code

Rhonda@hindscpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Paulsen

_{..,}321 613-5729

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

Century 21 Paramount Properties 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 Compa	pany were filed on 3/31/2014 and assigned	i	
Florida document number L14000052428			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
Paramount Properties Associates LLC			
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:	215 Juniper Ave		
(Principal office address MUST BE A STREET ADDRESS	ADDRESS) Merritt Island, FL. 32953		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address		#	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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>	Address	Type of Action
MGR	Charles A Paulsen III	415 Juniper Ave	Add
		Merritt Island, FL. 32953	□ Remove
AMBR	Barbara Schluraff	2022 Julep Dr #E203	□ Add
		Cocoa Beach, FL. 32931	□ Remove
AMBR	Guiseppe Conoscenti	395 Carmine Dr	□ Add
		Cocoa Beach, FL. 32953	☐ Remove
			□ Add
			Remove
			Remove Add
			□ Remove

b. If amending any other information, enter change(s) here. (Attach daditional sheets, if necessary.)
Please Change Name of LLC &
2 May 5 to Adina members
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 4/1 , 2014.
Signature of a member or authorized representative of a member
Chra Ataulen
Typed or printed name of signage

Page 3 of 3

Filing Fee: \$25.00