L140000 70254

(Re	equestor's Name)	
(Ac	ddress)	,,
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	,
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC -4 AM 9: 3:

COVER LETTER

TO: Registration Se Division of Cor			
ParaSQL	LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Robert H. Dyas		
		Name of Person	
	ParaSQL LLC		
		Firm/Company	
	1812 Flower Dr		
		Address	
	Palm Beach Garden	s, FL 33410	
		City/State and Zip Code	
	rhdyas@gmail.com	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	·	
Robert H. Dyas		561 352-3235	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

PARASQL LLC						
(Name of the Limit	ed Liability Comps (A Florida Limited	ny as It now appears on e Liability Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number L14000070294	······································	were filed on 04/30/	2014	and assig	med	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J					
A. If amending name, einer the new name of	the initied had	unty company nere:				
The new name must be distinguishable and end with the v	words "Limited Liab	pility Company," the design	nation "LLC" or the abl	breviation "L.	L.C."	
Enter new principal offices address, if applica	able:	1812 Flower Dr.				
(Principal office address MUST BE A STREE	T ADDRESS)	Palm Beach Gar	rdens, FL 33410)		
			<u> </u>			
Enter new mailing address, if applicable:		1812 Flower Dr.				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	Palm Beach Gar	rdens, FL 33410)		^ -
B. If amending the registered agent and/or the new registered of	or registered o fice address her	ffice address on our <u>e</u> :	records, enter th	ne name o	f the ne	<u>:w</u>
Name of New Registered Agent:	Robert H. D)yas		TAS		
New Registered Office Address:	1812 Flowe	r Dr.		CR	30 Y	El You
•	Palm Beach	Enter Florida su Gardens	reet address , Florida 334	10 XX	1- J	E A JOSEPH CO.
		City	, Florida <u>00 (</u>	Zip Code	<u>~</u>	
New Registered Agent's Signature, if changing R	Registered Agent:				6 H	: 11
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	er and complete stered agent as pregistered office change.	performance of my deprovided for in Chaps address, hereby co	luties, and I am fai ter 605, F.S. Or, ij pfirm that the limi	miliar with this docum ted liability	v with the sou l rent is	e

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

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert H. Dyas	1812 Flower Dr.	Add
	ADDress	Palm Beach Gardens, FL 33410	□ Remove
			Add
			□ Remove
			Remove
			SEGNET NEW Y C
<u>.</u>			0F STAND 10 Remove
			Remove

	nation, enter change(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the effective date must be specific, can be date this document is filed by the	te date of filing: (optional) anot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
he date this document is filed by the	ne date of filing:
he date this document is filed by the	Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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