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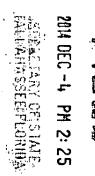
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## **COVER LETTER**

TO: Registration Se Division of Cor					
LLAMA L	LC				
	Name of Limi	ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Matthew Krieger, Es	q.			
		Name of Person			
	Bratter Krieger LLP				
		Firm/Company			
	500 South Pointe Dr	ive - Suite 230			
		Address			
	Miami Beach, Florida	a 33139		vizit na	
	bKlawglwp.com matt@b <del>klagroup</del> .com	City/State and Zip Code		2014 DEC	1
	E-mail address: (1	to be used for future annual report notification	n)		
For further information of	oncerning this matter, please ca	all:			
Matthew Krieger		305 674-8472		STA C	•
Name o	f Person		phone Number	25	
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)	Certified (	of Status &	

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

L	LAMA LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on June 19, 2014	and assigned
Florida document number L14000098524	,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
Paradigm Kitchen LLC		
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		\$2. <b>23</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		107 E
Mudding dudress MAT BE A POST OFFICE BOX)		Me s
B. If amending the registered agent and/or registe	1 000	
b. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, <u>ent</u> As here:	er the name of the new
Name of New Projects and Assets		
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 = Mai AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Remove
			□ Remove
			2014 OEC # PMR2: 25
			2: 25 ORIGA
			□ Add
			□ Remove
			Add
			□ Remove

,	,		
			(optional)
ive date must be specific his document is filed by	c, cannot be prior to date of rec the Florida Department of Stat	eipt or filed date and cannot be more te)	than 90 days after
	f		
12/4/19		<u> </u>	
12/2/19		•	
12/2/19		or authorized representative of a me	
t	e date, if other than	e date, if other than the date of filing:	

Page 3 of 3

Filing Fee: \$25.00

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