Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	2000 E
	Fax Number : (850)617-6383	,
From:		
	Account Name : LEGALZOOM.COM INC.	SH 😘
	Account Number: I20010000062	المراجع
	Phone : (323) 962-8600	57 2
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: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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2.

COVER LETTER

Division of Cor				
PARAGO SUBJECT:	N EXCELLENCE GROUP,	, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	-		U., 2
	Cheyenne Moseley			2014 OCT 14 M-8 21 SECOND TARY OF STATE STATE AND ASSET FROM 10
		Name of Person		
	Legalzoom.com, Inc.			
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		Address		••
	Glendale, CA 91210			
		City/State and Zip Code		
	erogers1232@gmail.com E-mail address: (to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please c	ali:		
Imelda Vasquez		323 962-8600 exi	. 795 0	
Name o	f Person	at ()Area Code Daytime	Telephone Number	- 1 = 1,1 =
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAGON EXCELLENCE GROU	UP, LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab Florida document number £14000148899		2 Gand assigned
This amendment is submitted to amend the follow	ing:	TARY T
A. If amending name, enter the new name of th	e limited liability company here:	
Paragon Results Group, LLC		ES CO
The new name must be distinguishable and end with the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	C" or the abbreviation "L. C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records	s, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	· ·
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my duties, as cred agent as provided for in Chapter 605, gistered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

Page 5 of 6 To:

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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Filing Fee: \$25.00