

L14000165612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

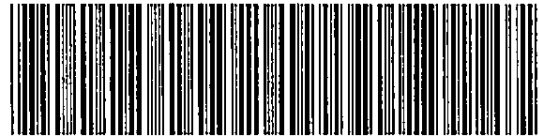
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT 10 AM 8:56

M. MILLIGAN

OCT 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAROMAR INVESTMENTS, 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:

BRASILIO MACHADO, ESQ.

Name of Person

THE MACHADO LAW FIRM

Firm/Company

25 S.E. 2ND AVENUE, SUITE543

Address

MIAMI, FL 33131

City/State and Zip Code

BRASILIO@MACHADOLAW.NET

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

For further information concerning this matter, please call:

BRASILIO MACHADO

305 400-0867

at () Daytime Telephone Number
Name of Person Area Code

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

17 OCT 10 AM 8:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patricia A. Sayon Alencar	Alameda dos Aicas 159/03	<input checked="" type="checkbox"/> Add
		Sao Paulo-Brazil 04086-000	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marina Sayon	RUA CAMPO VERDE Nº 660	<input checked="" type="checkbox"/> Add
		Sao Paulo- Brazil 01456-010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juanita Espligares Sayon	Alameda dos Aicas 159/03	<input checked="" type="checkbox"/> Add
		Sao Paulo-Brazil 04086-000	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing, _____ (specify)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorize

Typed or printed name of signee

Filing Fee: \$25.00

SECRET
DIVISION OF CORRELATION
17 OCT 10 AM 8:56