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(Re	equestor's Name)	· ·
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SECTION OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:			
The enclosed Articles of Ame	ndment and fee(s) are subr	nitted for filing.	
Please return all corresponder	ice concerning this matter t	to the following:	
-	Ом	FR PARACHA Name of Person	
Name of Limited Liability Company name of Person OMER PARACHA			
-	2026 N. A)
-	Los Angel	City/State and Zip Code	1
· · · -			
For further information conce		·	,
			8-4334 ime Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee C	1 \$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

Parav	al Clot	hing, LLC		
(Name of the Limited	l Liability Company A Florida Limited Lia	as it now appears on obility Company)	our records.	
The Articles of Organization for this Limited Lia Florida document numberL4 000197 This amendment is submitted to amend the follow	038	rere filed on 12/	<i>8/14</i>	TARY OF STATE ORIDA
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:		·· •
PARAVAL				
The new name must be distinguishable and contain the wor	ds "Limited Liability			
Enter new principal offices address, if applical	ole:	<u> </u>	1. MAI	N 5T #220 A 9003
(Principal office address MUST BE A STREET	ADDRESS)	LOS ANG	EIES, C	A 9003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			N St #220 A 90031
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	· records, <u>er</u>	nter the name of the new
Name of New Registered Agent:	LUK	e Hincorpi	é	
New Registered Office Address:	801.	3 MIZNEY Enter Florida str		
	Bocal	2aton	, Florida	a_33433

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

Page 1 of 3

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

	•		
MGR = Manager	•		
AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUKE HINCAPIÉ	2000 N. MAIN ST #220 LUS ANGGES, LA 90031	IS Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
		등급 교육 조목	Remove
		SAR CONTRACTOR	Change
		FLORIDA	Add
			□ Remove
			☐ Change

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tive date, if othe Tective date is listed,	r than the d	ate of fi	iling:	orior to date	of filing o	or more than 90 days	optional) after filing.) P	ursuant to 605.
If the date insertenent's effective date	d in this bloc	k does n	ot meet the ap	plicable st	atutory f	iling requirements	, this date wi	ill not be liste
cord specifies				not an e	effectiv	e time, at 12:0)1 a.m. or	the earlie
90th day afte	r the recoi	ra is ili	ea.) *
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	S	ignature	of a member or a	Millerized r	epresenta	tive of a member		
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Page 3 of 3

Filing Fee: \$25.00