## L14000187038

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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Parava	I, LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Luke Hincapie Name of Person		
Luke Hincapie Name of Person  Paraval, LLC Firm/Company  8013 Mizner LN Address  Boca Raton, FL 33433 City/State and Zip Code admin@paraval.co E-mail address: (to be used for future annual report notification)				
		Firm/Company		
	8013 Mizner LN			
		Address		
		•		
	E-mail address: (		otification)	
For further information c	oncerning this matter, please ca	all:		
Luke H		at (213)2 Area CodeDayt	68-4334	
Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	ne 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)	
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COU Registration Sec Division of Corp Clifton Building	porations	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paraval, LI	_C		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears liability Company)	on our records.	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	12/08/2014	and assigned
Florida document numberL14000187038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			FILL ECRETARY FILL THEAT
Mailing address MAY BE A POST OFFICE BOX)			OF STATE
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	Tice address on e:	our records, ent	er the name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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 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
MGR	Omer H. Paracha		
		<u> </u>	Remove
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(If an effective Note: If th	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more to date inserted in this block does not meet the applicable statutory filing reference date on the Department of State's records.	( <b>optional</b> ) than 90 days after filing.) Pursuant to 60 quirements, this date will not be lis	05.0207 (3)(b) sted as the
the record The 90t	specifies a delayed effective date, but not an effective time h day after the record is filed.	e, at 12:01 a.m. on the earl	ier of: <sup>—, −</sup>
Dated	July 20th , 2017 .		
	Signature of a member or authorized representative of a	- manchar	

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Filing Fee: \$25.00