

L15000035279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

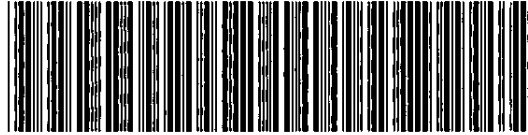
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 MAY 28 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paradigma Entertainment 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:

Augusto Navarro

Name of Person

Paradigma Entertainment LLC

Firm/Company

10010 NW 44th TER APT #102

Address

Doral, FL 33178

City/State and Zip Code

paradigmamotion@gmail.com

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

For further information concerning this matter, please call:

Augusto Navarro

at **305 5723181**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

AUGUSTO NAVARRO
10010 NW 44TH TER APT 102
DORAL, FL 33178

SUBJECT: PARADIGMA ENTERTAINMENT LLC
Ref. Number: L15000035279

We have received your document for PARADIGMA ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00009598

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Paradigma Entertainment LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/25/2015 and assigned
Florida document number L15000035279.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4625 NW 99th AVE, APT #101 Doral, FL 33178

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4625 NW 99th AVE, APT #101 Doral, FL 33178

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Augusto Navarro

New Registered Office Address:

4625 NW 99th AVE, APT #101

Enter Florida street address

Doral

City

, Florida 33178

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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	Augusto Navarro	4625 NW 99th AVE, APT #101	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos Navarro	4625 NW 99th AVE, APT #101	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF TALLAHASSEE COUNTY

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 25th, 2015

Augusto Navarro

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA