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SECRETARY OF STATE
TALL AHASSEE, FLORID

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## COVER LETTER

College Mary College Services TO: Registration Section **Division of Corporations** Paramount Insurance Solutions, LLC. SUBJECT: \_ 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: Joshua Kennedy Name of Person Paramount Insurance Solutions, LLC. Firm/Company 1070 Kerstield Circle Address Heathrow, Florida 32746 City/State and Zip Code Josh@fivestaradj.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Kennedy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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



Paramount Insurance Solutions 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 I	Liability Company	were filed on $\frac{03/02/201}{}$	5 and assigned
Florida document number L15000037545			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		·····
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			records, <u>enter the name of the new</u>
New Registered Office Address:	1070 Kersfield	Circle	
		Enter Florida stre	
	Heathrow		, Florida 32746  Zip Code
			Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my du provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
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Effective date, if other than the date of filing:		
(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 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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated Signature of a member or authorized representative of a member		
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Dated Datembro 26 . 2018 .  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Date	d December 26 2018
Signature of a member or authorized representative of a member		
<del></del>		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00