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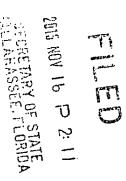
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COVER LETTER

	tration Section on of Corporations
SUBJECT: _	Paragon Wireless LLC.
_	Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	Yazan Daas Name of Person
	Paragon Wiveless LLC. Firm/Company
	3080 S. Jog Rd.
	Greenacer FL 33467 City/State and Zip Code
	City/State and Zip Code Paragonwiveless 3080@9mail.csm E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Y970	Name of Person at (954) 593 3551 Area Code Daytime Telephone Number
Enclosed is a cl	neck for the following amount:
\$25.00 Fili	ng Fee Solution Status Solutio
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paragon Wi	Yeless d Liability Compar A Florida Limited L	LLC iv as it now appears on our lability Company)	records.)	SECULIA NOV
The Articles of Organization for this Limited Lia Florida document number $\underline{L15000}$	131907	were filed on $8/3$	3/2013	and assigned
This amendment is submitted to amend the follows. A. If amending name, enter the new name of SAME S Daya C. The new name must be distinguishable and contain the work.	the limited liabi	veless LL	C or the ob	i
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	SAM	E	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>	SAMÉ		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered off ice address here	ice address on our r :	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	YAZA	N DAAS	<u> </u>	
New Registered Office Address:	3080 5	S. Jog Rol End Florida stree	t address	
	Greenace	ers	, Florida	33467

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

<u>or removed</u>	I from our records:	ge, <u>enter the tate, name, and address of tate</u>	person being au
MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wassim Elassadi	5891 S. Military TR STE: 45	33463 XAdd
			Remove
		••••	☐ Change
MGR	Yazan Daas	3080 S. Joy Rd 33467	Add
			Remove
1			Change
MER	Buthaina Abdalla	1450 NW 108 Ave 33322	<u>-</u> _□ Add
_ P1	ease Remove 1		Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
		7. W = 25. W =	Change
		TARY OF TO	ზ '□,Ādd "ლალ
		STATE CORIO	Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_ Change

). If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
Plea	ase Remove MGR: Buthaina Abdalla
Fr	om the record of the Company:
Wass	Daragon Wireless LCC; Add
	Thank your.
	01: 959 - 3551
Note: If the date	fother than the date of filing:
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
Dated	V 13 , 2015 . Signature of a member or authorized representative of member . Signature of a member of authorized representative of member . Signature of a member of authorized representative of member . Signature of a member of authorized representative of member . Signature of a member of a member of authorized representative of member . Signature of a member of
	Yazan Daas State Typed or printed name of signee Typed Or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00