## L1500158310

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## **COVER LETTER**

TO:		sistration Sect ision of Corpo		n² ♥+	-	•
SUBJE	e <b>Č</b> r:	Paramount Re	eal Estate Group, LLC	*;	* •	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Name of Limi	ted Liability Company		
The en	closed	I Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please	return	all correspond	dence concerning this matter t	to the following:		
			Jon Perlinger			
			•	Name of Person		
				Firm/Company		
			17042 E Lake Netta Drive			
				Address		<del></del>
			Ham Lake, MN 55304			
			jon.perlinger@gmail.com	City/State and Zip Code		
			E-mail address: (to	o be used for future annual re	eport notification)	
For fur	ther ir	ıformation con	cerning this matter, please ca	11:		
Јоп Ре	rlinge	r		763 226	-8836	
		Name of F	Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a	check for the	following amount:			
□ <b>\$</b> 25	5.00 F	iling 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)

**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

## TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Company lorida document number L15000158310	were filed on September 17, 20	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	4409 HOFFNER AVENUE	
Principal office address MUST BE A STREET ADDRESS.	# 196	
THE DE A STREET ADDRESS	ORLANDO, FL 32812	
	***************************************	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		, enter the name of th
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	S
	City, Flo	orida Zip Code

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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MANOJ MOORJANI	4409 HOFFNER AVENUE	
		#196	
		<u> </u>	Remove
		ORLANDO, FL 32812 US	E Change
			☐ Add
			Remove
		-	☐ Change
			Add
			□ Remove
	<del></del>	<del>.</del>	Add
			Remove
			□ Change
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			□ Remove
		<del></del>	Change OCT
			OCT Add
			ORIDA Change

	<u>',                                      </u>	
(If an e	tive date, if other than the date of filing: (optional) fective 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 605.020	)7 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.	is the
docui	ient 3 cricetive date on the Department of State 3 records.	
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	of•
(b) The	e 90th day after the record is filed.	
Dated	<u>Oct 200</u> , <u>2015</u> .	
	$(4)$ $\sim 0$	
	Signature of a member or authorized representative of a member	
	Jeth K. Staphens Typed of printed name of signee	
	Typed of printed name of signee	
	Page 3 of 3	
	Filing Foot \$25.00	
	Fining Fee: \$25.00	