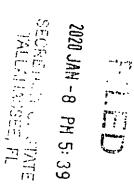
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COVER LETTER

TO: Registration S Division of Co		•	
	Development, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Paul P. John	
		Name of Person	
	Paul .	John Development LLC	
		Firm/Company	
	222	0 Climbing Ivy Drive	
		Address	
		Tampa. FL 33618	
		City/State and Zip Code	
	C !!	Paul@thePaul.in to be used for future annual report notification)	
For further information	e-mail address: (concerning this matter, please c		
	concerning this matter, piease e		
Paul P. John	2D	813 205-0710 at ()	_
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy Certificate of \$ Certified Copy (additional copy is	itatus &
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

Paul John Develo	pment. LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)		
e Articles of Organization for this Limited Liability Company orida document number L1500019137	y were filed on 11/09/2015	5	and assi	igned
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lial	oility company here:			
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbrev	riation "L.I	L.C."
iter new principal offices address, if applicable:				
incipal office address MUST BE A STREET ADDRESS)	•		2020	
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ter new mailing address, if applicable:		5,3	σο .	7717
ailing address MAY BE A POST OFFICE BOX)		65 7) 50 %		Page 17
and the state of t	_		تن	*4:31,*
			<u></u>	
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records,	, <u>enter the name o</u>	f the new	v registei
Name of New Registered Agent:			_	
New Registered Office Address:	···			
	Enter Florida stree	et address		
	City	, Florida	Zip Code	
	CHV		ъф Соле	

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, 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>	Address	Type of Action
AMBR	Shonali Susan Paul	2220 Climbing Ivy Drive	≣ Add
		Tampa, FL 33618	□Remove
			☐ Change
AMBR	Sagarika Miriam Paul	2220 Climbing Ivy Drive	≣∧dd
		Tampa, FL 33618	□Remove
			Change SECRE
			All
			Thange Shange
			□Remove
			□Change
			□Remove
			□ Change
		······	□Add
			□Remove
			□Change

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Effective date, if other than the date if an effective date is listed, the date must be sponger: Note: If the date inserted in this block do document's effective date on the Departn	of filing: ecific and ea es not mee	innot be prio et the appli	r to date of fili able statuto	ing or more that ry filing requ	(option 90 days after irements, this	filing.) Pursuant	to 605.020 e listed :
e record specifies a delayed effective date. rd is filed.	but not ar	n effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	y after th
Dated December 12		2019	<u>_</u> ;				
<u> </u>	1	and	orizad	entative of a m	amba-		

Filing Fee: \$25.00