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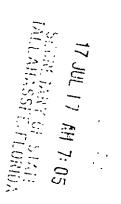
(Re	questor's Name)	)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
PARTMA SUBJECT:			
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omsted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	MILCIADES.JIMENEZ I	.I.C	
		Name of Person	
		Firm Company	
	3037 PRESTIGE DR		
		Addicas	
	CLEARWATER,FL 3376	9	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
For Carlo		to be used for future annual report notifi	cation)
	concerning this matter, please c	all:	
MILCIADES JIMENEZ	7.	727 688-2753 at () Area Code Daytime	
Name	of Person	Area Code Dayting	Telephone Number
Enclosed is a check for	the following amount:		
(前) \$25 (A) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Centified Cupy (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 Chilon Building 2661 Executive Center Circle Lallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIMANTIC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
he Articles of Organization for this Limited Liability Company	were filed on <u>02/06/2017</u>	and assigned
lorida document number 113000105788		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	ility company hore:	
he new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8024 S 78TH ST	
Principal office address MUST BE A STREET ADDRESS)	RIVERVIEW.FL 33578	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here also agent.  Name of New Registered Agent:	Tice address on our records, <u>enter</u>	the name of the
		10 m
New Registered Office Address:	Enter Florida street address	
****	, Florida	93. X
	Cin	CAN COM

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

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

Title	Name	<u>Address</u>	Type of Action
MGR	RCMG INVESTMENTS CORP	3037 PRESTIGE DR	
		CLEARWATER,FL 33759	□ Веткоге
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			□ AiJJ
		□ Remove	
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Pursuant to 605 0
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Page 3 of 3

Filing Fee: \$25.00