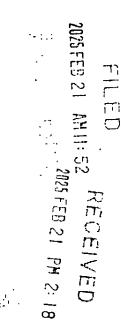
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Bocament Namber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
FEB 2 4 2025	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Para	mount Deve Name of Li.	looment Associates, miled Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	indence concerning this matte	er to the following:	
	Perten	Name of Person	
	Paramount	Development Assoc	catos, LLC
		Address	
	Tallel	City/State and Zip Code	
	Pramount en	terprise roup pea (	Damail. com
For further information c	oncerning this matter, please	call:	
Patricia Name o	Soseph f Person	at (857) 284- Area Code Daytin	6/15 ne Telephone Number
Enclosed is a check for the	ne following amount:		
1 <u>325.00</u> Filing 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 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

10.5 FEB 21 CO The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L</u> 17000063244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_ City

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 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
MG-R ANDR	Robyn Vant	2241 North Monroe St Suite 1584 Tallahassee, FL 32303	
		Tallahassee, FL 32303	□Remove
		<del></del>	□ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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an effe <b>(ote:</b>	ve date, if other than the date of filing:
record Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated_	2/21 2005
	Signature of a member or authorized representative of a member
	Patricia Joseph  Typed or printed name of signce

Filing Fee: \$25.00