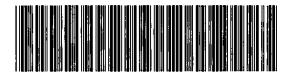
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## . COVER LETTER

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SUBJECT:	PARAMON	NT ADVISORS, LLC					
SUBJECT		Name of Limited Liability Company					
		Amendment and fee(s) are sub	-				
		Michael Lapat					
			Name of Person	<del></del>			
		Law Office of Michael La	pat				
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			* ; J				
		Coral Springs, FL 33065		201 SE TALI			
		City/State and Zip Code					
		Vanessap@turnkeyhedgefu		2017 APR 2 SECRETAR ALLAHASS			
For further	information co	oncerning this matter, please ca	to be used for future annual report notifica all:	P. FL			
Vanessa Pu	ell		954 345-6442				
, <u>, , , , , , , , , , , , , , , , , , </u>	Name of	Person	at () Area Code Daytime T	elephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	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)			
		NG ADDRESS:	STREET/COURIER	ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMONT ADVISORS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/18/2017 and assigned Florida document number \_\_\_\_\_\_L17000086578 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PARAMOUNT INVESTMENT ADVISORS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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> **Address Type of Action** <u>Name</u> □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Remove \_□ Change \_ Add \_□ Remove \_□ Change \_ Add

## Page 2 of 3

\_□ Remove

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E. Effective date, if other than the (If an effective date is listed, the date monotone). If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be lock does not meet the	applicable statutory fili	ng requirements, this	iling.) Pursuant	to 605.0207 (3) be listed as the
If the record specifies a delaye (b) The 90th day after the re	d effective date, b			m. on the	earlier of:
DatedAPRIL 18TH	2017				
Link	Lain	1			
	Signature of a member of	or authorized representati	is of a mamba.		

Page 3 of 3

Typed or printed name of signee

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