

MAY 22/2017/MON 1:13 PM

22/2017

P.00/004

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000138815 3)))



H170001388153ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARAMO CAFE INTERNACIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 23 2017

Y SULKER

Electronic Filing Menu Corporate Filing Menu

Help

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

PARAMO CAFE INTERNACIONAL 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 04/20/2017 and assigned Florida document number L17000088375.

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 "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

City, Florida Zip Code

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

MAY/22/2017/MON 01:15 PM

FAX No.

P. 003/004

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Guillermo G. Blanco Hernandez 400/o	475 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		#4511	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
AMBR	Youssef Hammoud 400/o	475 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		#4511	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
AMBR	Krizia Daniela Passariello 200/o	475 BRICKELL AVE	<input type="checkbox"/> Add
		#4511	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 MAY 22 AM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 22 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAY 22 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 18th, 2017

Typed or printed name of signer