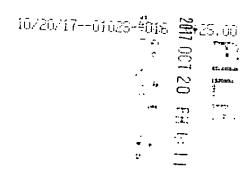
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:		ESTS IN FLORIDA LLC			
SUBSTICE.		Name of Lim	ited Liability Company		
The analyses	1 Astialna nt /	to an and an automotification and a such	minud for tiling		
THE CHCIOSCO	Afficies of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		A. TOM SPYREDES, ESO	Q.		
			Name of Person		
		SPYREDES LAW FIRM,	P.A.		
	Firm/Company				
		BOCA RATON, FL 33431	1		
			City/State and Zip Code		
		JOACHIM.SEBBAN@GM			
		E-mail address: (1	to be used for future annual report notific	cation)	
For further in	iformation co	ncerning this matter, please ca	aff:		
A. TOM SP	YREDES		561 405-9000 at ()		
	Name of	Person	at ()	Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIS INVESTS IN FLORIDA L	.LC				
(<u>Name of the Lim</u>	ited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
		were filed on APRIL 21, 2017		and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
:					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" of	or the abbrev	iation "I	L.C."
Enter new principal offices address, if appli	cable:			_62_	
(Principal office address MUST BE A STRE.	ET ADDRESS)		· ·	=	t2" = *
			%)C <u>T</u>	L.C."
			and assigned n"LLC" or the abbreviation "L.L.C."	e e	
Enter new mailing address, if applicable:			7.	-17	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			•		•
				obreviation "L.L.C."	
			enter the	name	of the ney
Name of New Registered Agent:	SPYREDES LA	W FIRM, P.A.			,
New Registered Office Address:	4800 N. FEDER	AL HWY., SUITE E-301			
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: : new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: inclined address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of istered agent and/or the new registered office address here:					

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.

City

BOCA RATON

If Changing Registered Agent, Signature of New Registered Agent

. Florida <u>³³⁴³¹</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
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Filing Fee: \$25.00