117000204786

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/20/18 DS

COVER LETTER

TO: Registration So Division of Co				
OLD DECOM	Kitchen and Bath LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Melissa Lasseter			
	Paramount Kitchen and Ba	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	1909 Hudson Court	Firm/Company	`	77.7
	Oldsmar, Fl 34677	Address		
	melissaharned@gmail.com	City/State and Zip Code		ر البيا المان
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)	-
Melissa Lasseter	, which is a second of the sec	727 798-3333		
Name o	of Person		ne Telephone Number	<u> </u>
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

Paramount Kitchen and Bath LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000204786		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Coelum Construction LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1909 Hudson Court	
(Principal office address MUST BE A STREET ADDRESS)	Oldsmar, FL 34677	t-2
The spin office and the same of the same o		
Enter new mailing address, if applicable:	1909 Hudson Court	
	Oldsmar, FL 34677	> -
(Mailing address MAY BE A POST OFFICE BOX)		٠
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	daZip Code
New Registered Agent's Signature, if changing Registered Agent	City:	ир сме

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melissa Lasseter	1909 Hudson Court Oldsmar. Fl 34677	
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ective date, if other than th	e date of filing:	(optional)
reffective date is listed, the date m	ust be specific and cannot be prior to date of filing o block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.03
cument's effective date on the		and tequirements, this date with not be instead
record specifies a delaye The 90th day after the re	ed effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the earlier
October 3	2018	
200		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00