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### **COVER LETTER**

TO: Registration Section
Division of Corporations

| Name of Emited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Adam Yormack  Name of Person  Escalante Yormack Law, PLLC  Firm/Company  \$5201 Blue Lagoon DR Suite 2000  Address  Miumi, FL. 33126  City/State and Zip Code  ADAM@EYLAWYERS COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status  Certified Copy  Certificate of Status | •                              | PARADIGM REAL              | STSTE OPERATIONS GROUP, L                    | LC   |
|--|--------------------------------|----------------------------|--|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Adam Yormack  Name of Person  Escalante Yormack Law, PLLC  Firm/Company  S201 Blue Lagoon DR Suite 200  Address  Miami, FL. 33126  City/State and Zip Code  ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305  S1+0046  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status  Certified Copy  Certificate of Status                             | SUBJECT:                       | Name of I                  | mited Liability Company                      | T 177 (COL) ALIA   |
| Please return all correspondence concerning this matter to the following:  Adam Yormack  Name of Person Escalante Yormack Law, PLLC  Firm/Company 5201 Blue Lagoon DR Suite 200  Address Miami, FL, 33126  City/State and Zip Code ADAM@EY1.AWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: Adam Yormack  Adam Yormack  Adam Yormack  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status   |                                | Name of E                  | :  |  |
| Adam Yormack  Name of Person  Escalante Yormack Law, PLLC  Firm/Company  5201 Blue Lagoon DR Suite 200  Address  Miami, FL, 33126  City/State and Zip Code  ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305  514-0046  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status   | The enclosed Articles of Am    | endment and fee(s) are     | abmitted for filing.                         |  |
| Name of Person Escalante Yormack Law, PLLC  Firm/Company \$201 Blue Lagoon DR Suite 200  Address Miami, FL, 33126  City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305 305 514-0046 at (   | Pleáse return all corresponde  | nce concerning this mate   | er to the following:                         |  |
| Escalante Yormack Law, PLLC  Firm/Company  \$201 Blue Lagoon DR Suite 200  Address  Miami, FL. 33126  City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  Adam Yormack  Adam Yormack  Adam Yormack  Solo 514-0046  at (  |                                |                            | Adam Yormack                                 |  |
| Firm/Company 5201 Blue Lagoon DR Suite 200  Address  Miami, FL. 33126  City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  Adam Yormack  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Opy  Certificate of Status  Certificate of Status   |                                | <u> </u>                   | Name of Person                               |  |
| Address  Miami, FL, 33126  City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  Adam Yormack  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status  |                                |                            | Escalante Yormack Law, PLLC                  |  |
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| Miami, FL., 33126  City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305 514-0046  at (  |                                |                            | 5201 Blue Lagoon DR Suite 200                |  |
| City/State and Zip Code ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  305 514-0046  at (   |                                |                            | Address                                      | <del></del>  |
| ADAM@EYLAWYERS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adam Yormack  Adam Yormack  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Of Status  Certificate Of Status   |                                |                            | Miami, FL, 33126                             |  |
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| For further information concerning this matter, please call:  Adam Yormack  305  S14-0046  at ()  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Of Status  |                                |                            | ADAM@EYLAWYERS.COM                           |  |
| Adam Yormack    305   514-0046   |                                | E-mail address             | (to be used for future annual report no      | tification)  |
| at () Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status   | For further information conc   | erning this matter, please | call:  |  |
| Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status   | . Adam Yori                    | nack                       |  | -0046  |
| ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status   | Name of Per                    |                            |  | me Telephone Number  |
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#### MAILING ADDRESS:

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

PARADIGM REAL ESTSTE OPERATIONS GROUP, LLC

| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited  | <u>ary as it now appears on our records.)</u><br>Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number   |   |
| . This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |
| PARADIGM OPERATIONS <b>RE</b> AL ESTATE G   | ROUP, LLC   |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity 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 you maling address if applicable  | ieu<br>Mai  |
| Enter new mailing address, if applicable:   | Çe  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  |   |
| Name of New Registered Agent:   |   |
| Name of New Registered Agent.   |   |
| New Registered Office Address:  | Enter Florida street address  |
|   | Florida City Zip Code   |
|   | · · · · · · · · · · · · · · · · · · ·                               |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as regi <b>st</b> ered agent as<br>being filed to merely reflect a change in the <b>re</b> gistered office | performance of my duties, and I am familiar with and                |

Page 1 of 3

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

Title Name Address Type of Action

MGR = ESCALANTE YORMACK LAW, PLEC 5201 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL, 33126 Add

Remove Change

Add = Change

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| nending any other information, enter change(s) here: (Attach   | additional sheets, if necessary.)                                      |
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| Signature of a member or authorized repre  | sentative of a member  |
| ADAM J YORMACI   | <  |
| Typed or printed name of:  | signee   |
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| IU) 6  |  |
| Page 3 of 3  |  |