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### **COVER-LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Paramount Town LL. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tora Cirecon Name of Person
Parament Tower L.L.C.
LGTS Madona Pl
Savasta FL 34243 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at 14  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed)  \$25.00 Filing Fee Cortificate of Status Scriffed Copy (additional copy is enclosed)  \$25.00 Filing Fee Cortified Copy (additional copy is enclosed)

#### 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

FI.

ARTIC	OF 18 MAD ED
Haramount To Name of the Limited	OF  Liability Company as it now appears on our records.  Liability Company (Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on $\frac{2}{11}$ and assigned and assigned
This amendment is submitted to amend the follow	ring:
A If amending name, enter the new name of the House of th	he limited liability company here:  LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Soiter 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 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

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 = M $AMBR = A$	anager uthorized Member		
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		Sarasota, FL 34243	Remove
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Filing Fee: \$25.00