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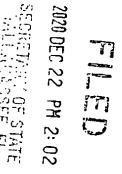
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Venevidivici LC 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:
Kristopher Augst Name of Person
Mgr of Venevid: Vici, LCC Firm/Company
Migni FL 33133 City/State and Zip Code Kris Augh. Law P (mail. com FT) E-mail address: (to be used for future annual report notification)
Miami FL 33133 City/State and Zip Code
Kris Augst. Lan & mail. Com The Semail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
Solutional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany de it now appears on our records)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number ∠ \(\begin{align*} \leq 0000 \) \(5513 \)	pany were filed on 03/01/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Paragon Law LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2000 S. Bayshore Dr. #1 sy Miani F1 33:538
(Principal office address MUST BE A STREET ADDRESS	sy Miani El 33:1538
	22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter the name of the new registered</u>
	5 3 d a Dc #1
New Registered Office Address: 2000	5. Bay shore Dr. #(1) Enter Florida street address
	City Florida 33133 Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>
	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.

1/2-1-1-1-1

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		 	□Remove
			□Change
			□ Add
			□Remove
			□Change
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ecti	ve date, if other than the date of filing:	/ ZOZ (optional)	
te:	ctive date is listed, the date must be specific and cannot be prior to date of filing f the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) filing requirements, this date v	vill not be listed
cume	nt's effective date on the Department of State's records.		
		a contract of the	004-164
ecore is file	specifies a delayed effective date, but not an effective time, at 12:01 a d.	.m. on the earner of: (b) The	90th day after th
	December 15		
ted_	2020		

Typed or printed name of signee