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T SCHROEDER

COVER LETTER

	istraction sec ision of Corp					
SUBJECT:		SULTING LLC				
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Robert L Wildman SR.				
			Name of Person			
		PAAR CONSULTING LLLC				
			Firm/Company			
		4623 73rd ST E				
			Address	····		
		Bradenton, FL. US 34203				
		rwildman@roycemarketing.	City/State and Zip Code com			
		E-mail address: ()	to be used for future annual report notific	ration)		
For further i	nformation co	ncerning this matter, please ca	ill:			
Robert L Wi	ildman SR		941 727-1581 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	check for the	e following amount:				
□ \$25.00 H	Filing 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:

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

Paar Cons	sulting 11	C.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>UB-244150</u> .	ny were filed on(L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	81	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
<u> </u>				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)	· 	},	8	
	•~	- : i		
			70	
Enter new mailing address, if applicable:	**-100	·	254 774	
(Mailing address MAY BE A POST OFFICE BOX)				
			2#	
		QD -		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, <u>enter tl</u>	he name of the no	<u>ew</u>
	 -			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	ldress		
		, Fłorida		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jose A LLerenas Sainz	122 15th ST Apt # 695 Del Mar, CA. 92014 US	Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
		<u> </u>	
			Add
			□ Remove
			Change
			
			Remove
			Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach add	· · · · · · · · · · · · · · · · · · ·
•	
	<u>. </u>
	
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	<u> </u>
	14 N
	<u></u>
	QD ,
11/27/2018 @ 12:01 a.m.	
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory findocument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3) ling requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective o) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representati	7 , ive of a member
<u></u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00