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(Requesto	or's Name)
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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MAR 2 8 2019 S. YOUNG

COVER LETTER

Division of Co			
PARAMO	UNT FOOD GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ERNESTO CARRERA		
		Name of Person	
	PARAMOUNT FOOD GR	ROUPLIC	
	- P************************************	Firm/Company	
	1301 SW 85TH CT		
		Address	
	MIAMI, FL 33144		
	PARAMOUNTFOODGRO	City/State and Zip Code UP@ GMAIL.COM	
	l:-mail address/ ()	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
ERNESTO CARRERA		786 6238781	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for (the following amount:		
■ \$25.00 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNT FOOD GROUPLEC

(Name of the Limited	Liability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number <u>L19000034745</u>		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor-	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C"
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	 	10 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida Zip Code
At an Inc. Co. at A at At At A at At A		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>l'</u>	ERNESTO CARRERA	1301 SW 85TH CT MIAMI, FL 33144	
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r (
	MARCH 14 2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00