L19 COOC 93021

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Paraban LLC
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:
Victoria Maria Silveira
Name of Person
3465 Kaiser Avl
St. Clard Florida 34772 City/State and Zip Code
Silveira _vicky 83 @ yahro. it E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Victoria M. Silveira at (407) 648.2671 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 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

Yarahin I.C.			<i>_</i>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
		1	0
The Articles of Organization for this Limited Liability Company	were filed on	<u>04/04/20</u>	and assigned
Florida document number <u>L19000093021</u> .		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
			5 70
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			- R TI
(Principal office address MUST BE A STREET ADDRESS)	<u></u> .		5 - 5 m
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			·

B. If amending the registered agent and/or registered o		our records, <u>ent</u>	er the name of the ne
registered agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	la street address	
		Florida	
	Сиу		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

<u>Title</u>	Name	Address	Type of Action
<u> 1GR</u>	Victoria Maria Silveira	3465 Kaiser Ave. St. Cloud, Fl. 34	712 de Add
			□ Remove
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Effective date, if other than the date of filing: [Optional] [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed indicament's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. Dated [Dated] [Date	<u></u>	Every-thing is correct only need to
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Ignature of a member or authorized representative of a member	Dated	April 18 2019
		gnature of a member or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00