L19 000 254794

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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JAN () 9 2020 C Kinsey

COVER LETTER . . .

TO	O: Registration Section Division of Corpor			
CIT	Paris Holdings	LLC		
SU	JBJECT:	Name of Limit	cd Liability Company	
		endment and fee(s) are subn		
Ple	tase return all corresponde	ence concerning this matter to	o the following:	
		Ronmey C. Rogers Jr., Esq.		
			Name of Person	
		Rogers, Morris & Ziegler, I		
			Firm/Сопралу	
		1401 E. Broward Blvd, Suit		
			Address	
		Ft. Lauderdale, Florida 333	01	
			City/State and Zip Code	
		Crogers@rmzlaw.com		
	-	E-mail address: (to	be used for future annual report notific	ration)
For	r further information conc	erning this matter, please cal	H:	
Ro	oniney C. Rogers Jr.		954 462-1431	
•	Name of Pe	rson	954 462-1431 at () Area Code Daytime	Telephone Number
Enc	nclosed is a check for the f	ollowing amount:		
	\$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fitting 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

Paris Holdings LLC			-
(Name of the Limite	d Liability Compa A Florida Limited	ans as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Lia	ability Company	were filed on October 9, 2019	and assigned
florida document number L19000254794			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A	······································
Principal office address MUST BE A STREE	T ADDRESS)		20191
		·· ·	\$ \$ \$
Enter new mailing address, if applicable:	N/A	N.	
Mailing address MAY BE A POST OFFICE L	3 <i>0X)</i>		P
			<u>.</u>
			9
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered o fice address her	office address on our records, re:	enter the name of the
Name of New Registered Agent:	N/A	···	
New Registered Office Address:		Enter Florida street address	
		. Flor	rida
		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 = Manager AMBR = Authorized Member

. . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert H. Kanjanapisal	151 North Nob Hill Road, Apt 358, Plantation, Florida 33324	₩ Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		
			☐ Remove
			☐ Change
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			Remove
			Change

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lf an effect No <u>te:</u> If	tive date, if other than the date of filing:	0207 ed as
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90 th day after the record is filed.	er of
Dated	1): Wenber 19th . 2019.	
	Signature of a member or authorized representative of a member	15

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Filing Fee: \$25.00