# 120000097596

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## **COVER LETTER**

	ion Section of Corporations		•
	PARAMOUNT 4204, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	eles of Amendment and fee(s) are sub		
		Enrique Aguayo de Alba	
		Name of Person	
		PARAMOUNT 4204, LLC	
		Firm/Company	
		3971 SW 8th Street, Stc 305	
	<del> </del>	Address	
		Miami, FL 33134	
		City/State and Zip Code	
		rsosa@sosacpa.com	<del></del>
		(to be used for future annual report noti	rication)
For further inform	ation concerning this matter, please of	call:	
	<u> </u>	at () Area Code Daytim	
į	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a chec	k 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:

TO:

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

PARAM	IOUNT 4204, LLC		ست ست
(Name of the Limited Liability (A Florida I	Company as it now appear imited Liability Company)	s on our records.)	20
The Articles of Organization for this Limited Liability Co.	mpany were filed on	04/06/2020	and assigned
Florida document number L20000097596	_•		9
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	ere:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	
B. If amending the registered agent and/or registered		our records, ente	r the name of the new
registered agent and/or the new registered office addre	ess nere:		
Name of Name Descriptional Accepts			
Name of New Registered Agent:			
New Registered Office Address:	0 . 19		
	Enter Flor	rida street address	
		, Florida	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aguayo Barrera, Enrique	3971 SW 8th Street, Ste 305	
		Miami, FL 33134	
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ote: If the	ate, if other that date is listed, the didate inserted in effective date on	this block doe	es not meet	t the applic	able statuto	ing or more th	(op an 90 days aff uirements, tl	tional) er filing.) Pun nis date will	suant to 605.020' not be listed as
The <mark>90</mark> th	specifies a de n day after th	e record is	filed.				, at 12:01	a.m. on t	he earlier o
ted	7/15		· -	2020	<u>)</u> . /	D .			
					// 7 <del>/</del> ~	D.			
_		Signati	ire of a men	iber or auth	orized repres	entative of a	nember		<del></del>

Page 3 of 3

Filing Fee: \$25.00