LZO 000 275731

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
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	.,	COVER LETTER		
TO: Registration Se Division of Cor				
PARAN IN	TERNATIONAL GROUP, LI	.C		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	BERNARD BRIAN PARA	A N		
		Name of Person		
	PARAN INTERNATION	AL GROUP, LLC		
		Firm/Company		
	50 OCEAN LN DR. APT (504		
		Address		
	KEY BISCAYNE 33149			
		City/State and Zip Code		
	bparan@gmail.com		<u> </u>	, OC
	E-mail address: (to be used for future annual report notification)))	20 N.C.A.
For further information c	oncerning this matter, please ca	all:		
BERNARD BRIAN PAR	KAN	305 970-4975 at ()		
Name o	f Person	Area Code Daytime Tele	ephone Number	3: 1:5 3: 1:5 3: 1:5
Enclosed is a check for th	e following amount:			2
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	۱	

P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2020

:

BERNARD BRIAN PARAN 50 OCEAN LANE DR APT. 604 KEY BISCAYNE, FL 33149

SUBJECT: PARAN INTERNATIONAL GROUP, LLC Ref. Number: L20000275731

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK OPS

Letter Number: 620A00022651

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ARTICLES O	F AMENDMENT	ſ	
	ТО		
ARTICLES OF	ORGANIZATIC)N	
	OF		
		0	
PARAN IN	TERNATIONA	K GROUF	CLC
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on	our records.)	
	eu thaointoi e oniphilioit		õ
The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{09/03/2}{2}$	2020	andlassigned
Florida document number 1.20000275731			30 145
			PI 'iQu
This amendment is submitted to amend the following:			ر کر ت دن
A. If amending name, enter the new name of the limited li	ability company here:		
A. If antenning names <u>enter the new name of the inneed n</u>			سي المر ^م
The new name must be distinguishable and contain the words "Limited Li	ability ("apparess" the design	vation "EL("" or the abl	benistion "L L C "
The new name must be distinguishable and contain the words. Canned 15.	annių company, nie desigi	ation the of the tio	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
	· <u> </u>	<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
[maing agaress may be a rost of ree body	<u> </u>		 .
B. If amending the registered agent and/or registered offic	e address on our recor	ds. enter the name	e of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida s	want addraw	
	Emer v torkad s	aree e ana ess	
		Florida	
	Cuy		Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person and enter the title, name, and address of each person and enter the title of the t

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BERNARD BRIAN PARAN	50 OCEAN LN DR, PH604	🗆 Add
		KEY BISCAYNE, 33149	Remove
			🗆 Change
AMBR	BERNARD BRIAN PARAN	50 OCEAN LN DR, PH604	🗐 Add
		KEY BISCAYNE, 33149	
			_
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	11-20-2020	
	GERARD PIROT Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Fit	
	Typed or printed name of signee	