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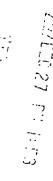
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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC		NTERNATIONAL GROUP LE	ι,	
SOBARA	·	Name of Lin	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		BERNARD BRIAN PAR	AN	
			Name of Person	<u> </u>
		PARAN INTERNATION	AL GROUP LLC	
			Firm/Company	
		50 OCEAN LN DR, PH 60).4	
		·	Address	· []
		KEY BISCAYNE, FL 331	10	302 E 27 F ::
			City/State and Zip Code	·
		BRIAN@PARANINTERN		5
			to be used for future annual report notification)	 သ
For furthe	er information o	concerning this matter, please c	all:	
BERNAI	RD BRIAN PA	RAN	305 970-4975 at ()	
	Name o	of Person	at () Area Code ——Daytime Telepho	ne Number
Enclosed	is a check for t	he following amount:		
■ \$25. 0	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 Addres Registration (<u>Street Address:</u> Registration Section	
Ŧ	Division of C	lorporations	Division of Corporation	
	2.O. Box 632 Fallahassee.		The Centre of Tallahas: 2415 N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAN INTERNATIONAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on
[09/03/2020] and assigned
Florida document number
[1.20000275731]

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	. Florida

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

(Mailing address MAY BE A POST OFFICE BOX)

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 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	Name	Address	Type of Action
MGR	GERARD PIROT	50 OCEAN LANE DRIVE PH 604	Ndd
		KEY BISCAYNE, FL 33149	■Remove
			iDChange
MGR	BERNARD BRIAN PARAN	50 OCEAN LANE DRIVE PH 604	≅ Add
		KEY BISCAYNE, FL 33149	□ Remove
			□Change
			□Add
			Remove
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ctive date, if other than the date effective date is fisted, the date must be s	e of filing:	of filing or more than 90 days after til	al)
$oldsymbol{arphi}$ If the date inserted in this block $oldsymbol{lpha}$	does not meet the applicable sta	atutory filing requirements, this d	ate will not be listed
iment's effective date on the Depart	ment of state's records.		
ord specifies a delayed effective dat filed.	e. but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
DECEMBER 19 d	2022		
· ·) /		
<u> </u>	·		

Typed or printed name of signee