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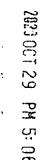
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Special Instructions to I	Filing Officer:	

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DEC 0 8 2020

S. YOUNG

COVER LETTER

TO:

TO: Registration Service Division of Con				
	oldings LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David Kight			
		Name of Person		
	Paradigm Holdings of Flor	rida LLC		
		Firm/Company		
	2300 Marshpoint Road; Su	nite 202		
		Address		
	Neptune Beach, FL 32266	;		
		City/State and Zip Code		
	david@paradigmlend.com		 ,	
For further information c	encerning this matter, please c	to be used for future annual report not all:	ilication)	
David Kight		904 237-8039 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee, I		The Centre of T		
rananassee, l	1 おうひとひして	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floriday Holdings 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 September 15, 2020 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	David E. Kight	2300 Marshpoint Road; Suite 202	= Add
		Neptune Beach, FL 32266	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: Union (Sective date, it is isseed, the date must be specific and cumnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 2020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records. Continued to the section of the	_							
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Filing Fee: \$25.00