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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARAMOUNT PARK 2, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER J GERTZ, ESQ

\_\_\_\_\_  
Name of Person

CHRISTOPHER J GERTZ, PA

\_\_\_\_\_  
Firm/Company

888 SOUTH ANDREWS AVE, SUITE 204

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33316

\_\_\_\_\_  
City/State and Zip Code

CHRIS@GERTZLAW.NET

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS GERTZ

954 565-2601

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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REG. DIV.

Enclosed is a check for the following amount:

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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PARAMOUNT PARK 2, 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 09/25/2020 and assigned Florida document number L20000303630.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

888 SOUTH ANDREWS AVENUE

SUITE 204

FORT LAUDERDALE, FL 33316

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

888 SOUTH ANDREWS AVENUE

SUITE 204

FORT LAUDERDALE, FL 33316

**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:

CHRISTOPHER J GERTZ, ESQ.

New Registered Office Address:

888 SOUTH ANDREWS AVENUE, SUITE 204

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33316

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JRK DEVELOPMENT INC	3375 SW 3 AVENUE	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDC 4, LLC	PO BOX 21830	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33335	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	6683 PARTNERS, LLC	PO BOX 21830	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE, FL 33335	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOUTHERN PLAINS, LLC	888 SOUTH ANDREWS AVE	<input checked="" type="checkbox"/> Add
		SUITE 204	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 24

2021

AUGUST 24 2021



Signature of a member or authorized

CABOT EDEWAARD

Typed or printed name of signee

**Filing Fee: \$25.00**