L21000330467

(R€	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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May Concern, liane M. Proffitt, have enclosed ey order for \$60.00 for Filing Fee, i'd copy, and certificate of status. The amendment forms to change the name Proffitt LLC to Paramount Home ices LLC. My cell # is 850-512-8962 ss is: 486 Keystone Rd. Mary Esther, F1. 32569



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shane Proffit L.LC 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:
Shane M. Proffitt Name of Person
Shane Proffit LLC Firm/Company
486 Keystone Road.
Mary Esther Fl. 32569 City/State and Zip Code
proffith, Shane 780 gmail-com E-mail address: (to be used for future affinual report notification)
For further information concerning this matter, please call:
Shane Proffit at (850) 512-8962 Name of Person Area Code Daytime Telephone Number
Money order Enclosed is a eleck for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

Shane Proffitt L	LC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000330467</u> .	were filed on $\frac{7/20/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Paramount Home Services	LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	486 Keystone Kond
(Principal office address MUST BE A STREET ADDRESS)	Mary Esther, F1, 32569
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	486 Keystone Road Mary Esther, Fl. 32569
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	SSO P M
New Registered Office Address:	Enter Florida 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 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>	Name	Address	Type of Action
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n effective date is <u>te:</u> If the date	s listed, the date inserted in this	the date of fili must be specific a s block does no e Department o	and cannot be p t meet the ap	plicable statu	filing or more that	(optio on 90 days after fuirements, this	iling.) Pursuant to	o 605.0207 e listed as
s filed.		ctive date, but r			:01 a.m. on the	e earlier of: (b)	The 90th day	after the
ed Dec	ember 1	hane /	20	<u>12</u> .				
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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature of	a member or a	authorized repi	resentative of a r	nember		_