## LZZ 000034742

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I		
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## **COVER LETTER**

TO: Registration : Division of Co			
	DUNT 3201 LLC	ı	•
SUBJECT:	Name of Lin	ited Liability Company	• * *
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	EDITH A VARGAS		
		Name of Person	
	KEEPING YOUR BOOK		
		Firm/Company	<del></del>
	8200 NE 2ND AVE STE	l	
		Address	
	MIAMI, FL 33138		
	<del></del>	City/State and Zip Code	
	EDITH@KEEPINGYOUR		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	(_) 
EDITH A. VARGAS		786 6511290 at ()	_: 
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration Se	ection
_	Corporations	Division of Co	
P.O. Box 63	327	The Centre of	Tallahassee
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNT 3201 LLC

(Name of the Limited Liabilit (A Florida	Limited Liability Company)	sur records.)		
The Articles of Organization for this Limited Liability Co Florida document number L22000034742	ompany were filed on 01-18-20	)22	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	ition "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>'ESS)</u>		~ ~ ~ ~	
			·	;
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u> .		<del>:</del>
		<u>-</u>	6.3	<u> </u>
B. If amending the registered agent and/or registered	Laffina address on our roops	de antar tha nama	() () ( of the new	rogistorog
agent and/or the new registered office address here:	onice address on our record	is, enter the hand	or the new	registeret
Name of New Registered Agent:				<u>-</u>
New Registered Office Address:				
<u>-</u>	Enter Florida st	reet address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and ca accept the obligations of my position as registered ag being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my a gent as provided for in Chap	luties, and I am fa ter 605, F.S. Or. (	imiliar with If this docun	and nent is

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>	Type of Action
MGR	EDITH A. VARGAS	8200 NE 2ND AVE STE 1 MIAMI, FL 33138	<b>=</b> Add
			□Remove
			□Change
			□Remove
			□ Change
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ctive date, if other than the o	date of filing:	(optional)  filing or more than 90 days after filing.) Pursuant to 605.0
$oldsymbol{arepsilon}$ If the date inserted in this blo	ck does not meet the applicable statut	filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
ment's effective date on the De	partment of State's records.	
ord specifies a delayed effective filed.	date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day after
d	2022	
	Jose E Arana	
	0036 C 110.10	•

 $(x, x) \leftarrow (x, x) \cdot x$