122000393512

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
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Tallahassee, FL 32314

	Registration So Division of Cor			
erab uez		UNTS INTERNATIONAL GR	OUP LLC	
SUBJEC	- I :	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CAROLINA QUINTERO		
			Name of Person	
			Firm/Company	
		1913 SOUTH OCEAN DE	RIVE #329	
			Address	
		HALLANDALE BEACH.	FL 33009	
		CAROLINABYQ@GMAI	City/State and Zip Code L.COM to be used for future annual report no	ntification)
For furth	ner information c	concerning this matter, please c		,
CARÓL	INA QUINTER	()	786 675 - 2519 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	I is a check for t	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		Street Address:	at
	Registration : Division of C		Registration S Division of Co	
	P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAMOUNTS INTE	RNATIONAL	GROUP LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Liability Company)

The Articles of Organization for this Limited Liability C Florida document number 1.22000393512	ompany were filed on Sep	tember 8, 2022	:	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company her	<u>re</u> :			
BY Q FASHION CONSULTING, LLC					
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the	abbrevia	tion "L.I	[C."
Enter new principal offices address, if applicable:	1913 SOUTH O	CEAN DRIVE #329		_	
(Principal office address MUST BE A STREET ADDR	RESS) HALLANDALE	BEACH, FL 33009	ķņ	20:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	HALLANDALE		ST S	FEB 21 PM 1: 45	registere
Name of New Registered Agent:	OLINA QUINTERO				
New Registered Office Address: 1913 5	1913 SOUTH OCEAN DRIVE #329				
	Enter Flori	da street address			
HALL	ANDALE BEACH	, Florida <u>·</u>	3009		
	City		Zij	o Code	

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>	Type of Action
MGR	MARIA V. MARROQUIN	1732 NE 173RD ST	□Add
		NORTH MIAMI BEACH, FL 33162	≣ Remove
			[]Change
MGR	GUSTAVO GARCIA	1913 SOUTH OCEAN DRIVE #329	■Add
		HALLANDALE BEACH, FL 33009	□Remove
			□ Change
			🗀 Add
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ctive date	if other than the date of	filing:		(optional)	
effective date	is listed, the date must be specif	fic and cannot be prior to	date of filing or more than	i 90 days after filing.) Pursua	mt to 605.020
	e inserted in this block does ctive date on the Departmen		ne statutory ming requ	Temens, this tate wit no	it the fished a
	s a delayed effective date, by	it not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
filed.					
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rd PODI	uary 17	<u> 2020</u>	- ·		
	· I H Un	$A \cap A \cap A$			
	Signature	of a member or authori	zed representative of a m	ember	
	1	1			

Filing Fee: \$25.00