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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of C			ŕ
	INESS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	FEDERICO DE GRAZIA		
	***	Name of Person	
	PARIS CONSULTING GI	ROUP, LLC	
		Firm/Company	
	6750 N ANDREWS AVE	STE 200	2024 JAH - 5 SEGREDAY
		Address	
	FT. LAUDERDALE, FL 3	3309	ं जे
		City/State and Zip Code	
	FDG@PARIS-LAWGROU		
	E-mail address: (to be used for future annual report notification	
For further information	concerning this matter, please c	all:	
FEDERICO DE GRAZ	ZIA	954 778-3076 at ()	
Name	of Person	Area Code Daytime Telep	hone 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 Division of P.O. Box 60 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iled on 09/15/2022	and assigned
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	pany," the designation "LLC" or to PONCE DE LEON BLVD. I FLOOR, SUITE 1106 AL GABLES, FL 33134 PONCE DE LEON BLVD. I FLOOR, SUITE 1106 AL GABLES, FL 33134 s on our records, enter the

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>	Address	Type of Action
			□Add
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	date of filing or more than 90 d	_ (optional)
e: If the date inserted in this bloc	k does not meet the applicab	le statutory filing requireme	ents, this date will not be listed a
ument's effective date on the Dep	artment of State's records.		
cord specifies a delayed effective	date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
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DECEMBER 15	2023	^	
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DECEMBER 15		α	
	gnature of a member or authorize	red representative of a member	.