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Y. SCOTT
JUN 1 0 2023

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
⇒€ Paragon Ec	lucation Consultants LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sofia Vasquez			
	Name of Person			
	ZenBusiness INC			
		Firm/Company	• • • • • • • • • • • • • • • • • • • •	2023 APR 24
	336 E. College Ave Suite	301		रूक ः श
		Address	: 17-4 (17-0)	
	Tallahassee, FL 32301			1: 06
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	fulfillment@zenbusiness.co			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
c/o ZenBusiness INC		844 493-6249 at ()		
Name e	f Person	Area Code Daytim	e Telephone Number	
Enclosed 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)	S60.00 Filin Certificate of Certified Co tadditional cop	of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T	porations	
		2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paragon Education Consultants LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 2023-03-21	and assigned
lorida document number <u>L23000143560</u> .		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liah	ility company here:	
Paragon Alliance Innovation LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	J.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		023
		N
inter new mailing address, if applicable:		+ 1
		70 <u> </u>
Mailing address MAY BE A POST OFFICE BOX)	-	0
		<u> </u>
i. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street ada	lress
 		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 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
			□Remove
			□Change
			□Add
			202 □Remove AFR 20 □Change
			PH DAdd
			F C C C C C C C C C C C C C C C C C C C
			□Change
			□ Add
			□Remove
			□Change
	7		□Add
			□Remove
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _____ 2023 /s/ Tania Brown Signature of a member or authorized representative of a member Tania Brown, Manager Typed or printed name of signee

Filing Fee: \$25.00