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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			··
	NESS 4 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing	
	ondence concerning this matter	-	
	FEDERICO DE GRAZIA		
		Name of Person	 ,
	PARIS CONSULTING GI	ROUP, LLC	
		Firm/Company	•
	6750 N ANDREWS AVE	STE 200	
		Address	202 SEC
	FT. LAUDERDALE, FL 3	3309	
		City/State and Zip Code	JAN -5
	FDG@PARIS-LAWGROU	P.COM to be used for future annual report notification)	
For further information	concerning this matter, please c	·	한다 <u>요</u> 2월 6
FEDERICO DE GRAZ	-	954 <i>7</i> 78-3076	m Ch
	of Person	at ()	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Clability Company)		
The Articles of Organization for this Limited Liability Company florida document number 1.2300017146	were filed on 04/06/2023	and as	ssigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "I	L.C.``
nter new principal offices address, if applicable:	1600 PONCE DE LEON BLVD.		
Principal office address MUST BE A STREET ADDRESS)	11TH FLOOR, SUITE 1106	202a SED	
	CORAL GABLES, FL 33134		er- 1
nter new mailing address, if applicable:	1600 PONCE DE LEON BLVD.	W-5	-
Mailing address MAY BE A POST OFFICE BOX)	11TH FLOOR, SUITE 1106	11 11 11 11 11 11 11 11 11 11 11 11 11	
	CORAL GABLES, FL 33134	. <u> </u>	
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	name of the ne	w regist
		_	
	, Florida	BZip Code	

New Registered Agent's Signature, if changing Registered Agent:

B1Z BUSINESS 4 LLC

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
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			□Remove
			_ Change
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ctive date, if other than the d effective date is listed, the date must b	e specific and cannot be pri	or to date of filing o	r more than 90 days afte	r filing.) ł	ursuant to	605.02
If the date inserted in this bloc iment's effective date on the Dep			ling requirements, thi	s date w	ill not be	listed
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ord specifies a delayed effective of filed.	late, but not an effective	time, at 12:01 a.i	n. on the earlier of: (t) The	90th day	after tl
d DECEMBER 15	2023	_ 0/				
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	ignature of a member or au	thorized representat	ive of a member			_
9.	Enature of a member of au					