## L23000409724

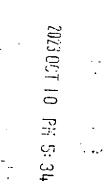
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			, ·
CHIER AND COME	Consulting Services LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Natasha Andrade		
		Name of Person	
	Paradigm Consulting Servi	ices LLC	
		Firm/Company	<del></del> .
	4846 N. University Dr. #6	70	
		Address	
	Lauderhill, Florida 33351		
	·	City/State and Zip Code	<del></del>
	paradigmeonsultingservices	<del>-</del> -	<del></del>
For further information c	n-man address: (	to be used for future annual report not all:	incation)
Natasha Andrade		954 483-0223	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address Registration 9		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2323 COT 10 PM 5: 34

Paradigm Consulting Services LLC

(Name of the Limited Liability Company as it now appears on our records)

(Name of the Line	(A Florida Limited Liability Company)	<u>us.</u> ;
The Articles of Organization for this Limited Florida document number L23000409724	Liability Company were filed on August 31, 2023	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
agent and/or the new registered office addr	registered office address on our records, enter ess here:  Natasha Andrade (changing title from President	
Name of New Registered Agent:	National Anticide (Changing the Foll Frestern	to Managery
New Registered Office Address:	Enter Florida street addre	255
	. <b>F</b>	lorida

## 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
MGR	Natasha Andrade	5485 Gate Lake Road	□Add
		Tamarac, Florida 33319	□Remove
			<b>≡</b> Change
			□Add
			Remove
		·	□Change
			□Add
			□Remove
		<del> </del>	□Change
		<u> </u>	□Add
			□ Remove
			□Change
			□ Add
			🗀 Remove
			□Change
			□Add
			Remove

title from	President to Manager.							
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ote: If the da	if other than the da is listed, the date must be inserted in this block ctive date on the Depa	k does not me	et the applic	to date of filin able statutory	g or more than 9 / filing require	(optiona 0 days after filin ments, this day	l) g.) Pursuant to 60 e will not be li	05.020 sted as
ecord specific is filed.	s a delayed effective o	late, but not a	n effective ti	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day af	ter the
	ı		2023					
ited October	7		1		ntative of a mem			

D.

E.

Filing Fee: \$25.00