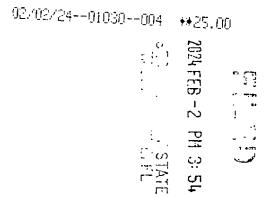
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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)			
SUBJECT: PAR	FIVE LLC.		
SOBSECT. TOX		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	EDBAR	SUMMERVILLE Name of Person	
	PAR	FIVE LLC Firm-Company	
	77101 CR	OSSCUT WAY	
	YULEE	FL 32097 City/State and Zip Code	
			2024
	E-mail address: (1671@ 6 Mail . COM to be used for future annual report notific	ation)
For further information cor	neerning this matter, please co	all:	2
EDGAR SUMA	MERVILLE	at (478) 896 - 71 Area Code Daytime T	elephone Number
Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Secti	on
Division of Co	rporations	Division of Corpo	orations
P.O. Box 6327 Tallahassee, FI		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAR F	FWE LLC	
Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco Limited Erability Company)	ords.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>LZ4000024</u>	<u>0</u> 49	
. as amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u> </u>	
	·	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		28
		्र (०) क्रिया १ प्राप्ता करावा
		55
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	
agent and/or the new registered office address here.		
Name of New Registered Agent:		SIN 5:
New Registered Office Address:		
	Enter Florida street addi	ress
·	,	Florida
	City	Zio 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
Mar	ERIC WOODWORTH	4921 BRIDEWAFER CIRCLE JACKSONVINE FL 32207	XAdd
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			Change
			
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Effective date, if other than the (If an effective date is fisted, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and can lock does not meet	mot be prior to do t the applicable	ite of filing or more	(opt than 90 days afte confrements, th	er filing.) Pursu	ant to 605 of be list	5.0207 (2 ied as tr
he record specifies a delayed effecti ord is filed.							er the
Dated 29-JAN-2 Lufar Summer Eckar Sum	Signature of a men	nber or authorize	d representative of	a member	3		
Februar Sun	and wille		F	14/00	dwort	4	