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RECEIVED DEPARTMENT OF STATE CAN ISLON OF CORPORATION:
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME)	(De	DCUMENT #)
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Examiners Initials



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2012

EXPRESS 1000 PONCE DE LEON BLVD. SUITE 105 CORAL, FL 33134

SUBJECT: PARAMOUNT TRADING GROUP INC.

Ref. Number: P09000043789

HOT IN TUBES

10 ACKNOWLEDGE

10 ACKNOWLEDGE

10 ACKNOWLEDGE

DEFARINGME OF STATE
OFFICE OF FORFORATIONS

We have received your document for PARAMOUNT TRADING GROUP INC. and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 812A00029136

Articles of Amendment Articles of Incorporation

Allogo 12 Pallies

PARAMOUNT TRADING GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000043789

(Document Number of Corporation (if known)

endment(s) to

If any and it are made and the second		
If amending name, enter the new name of t	the corporation:	
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation " rd "chartered," "professional association," o	e word "corporation," "company," or "incorporated" or "Corp," "Inc," or "Co". A professional corporation name or the abbreviation "P.A."	the abl must co
Enter new principal office address, if appli	cable:	
ncipal office address <u>MUST BE A STREET</u>	'ADDRESS')	
		·····
	<u> </u>	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	gistered office address in Florida, enter the name of the	
new registered agent and/or the new register		
new registered agent and/or the new registe	ered office address:	
new registered agent and/or the new registe	ered office address:	
new registered agent and/or the new registe	(Florida street address)	
new registered agent and/or the new register Name of New Registered Agent	ered office address: (Florida street address)	de)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	de)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address) , Florida (City) (Zip Co	ide)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u> </u>	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. [f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
	
, ,	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
• 4	provisions for implementing the amendment if not contained in the amendment itself:
DΙ	(if not applicable, indicate N/A) EASE INDICATE MR. JUAN CARLOS OCANA WITH NO SHARES
ال 	JAN CARLOS OCANA 0%
	

' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	loption: 09-10-2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,,, <u> </u>
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	
Signature	Luan Carlos Ocanc
(By a diselected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JUAN CARLOS OCANA
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)