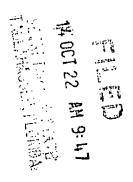
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OCT 23 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARAMOU	NT C-501, INC.	
DOCUMENT NUMBER: P1300006512	2	
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	ter to the following:	
Carlos Frost		
	Name of Contact Person	1
Cafe Holdings, LL		
ተዛ	Firm/ Company	
540 NW 165 Stre	et Road, Suite 3	308
	Address	
Miami, Florida 33	169	
	City/ State and Zip Code	2
carlos@cafeholdings	pm.com	
	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Carlos Frost	_{at (} 786	471-6002
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ortment of State:
\$35 Filing Fee Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Insee, FL 32301

Articles of Amendment to

Articles of Incorporation

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001		22	<u>P</u>	М	Q:	1.	7

PARAMOUNT C-501, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P13000065122

nt(s) to

	<u></u>		_!-L\://///
(Documen	nt Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following	ng amendi
A. If amending name, enter the new na	me of the corporation:		
			_The n
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the c "Co". A professional corporation name must n "P.A."	abbreviati contain t
B. Enter new principal office address, if applicable:		540 NW 165th Street Road	
(Principal office address MUST BE A S		Unit 308	_
		Miami, FL 33169	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 800639	
		Aventura, FL 33280	
		<u> </u>	_
D. M	Alexandra Silvania		_
new registered agent and/or the nev		ldress in Florida, enter the name of the ess:	
Name of New Registered Agent	Carlos Frost		
	540 NW 165th	Street Rd. Unit 308	
	(Florida	street address)	
		, Florida 33169	
New Registered Office Address:	Miami	(Zip Code)	

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Eric P. Stein	1820 NE 163 Street
Add			Suite 100
Remove			N. Miami Beach, FL 33162
2) Change	Р	Carlos Frost	540 NW 165th Street Rd.
Add			Unit 308
Remove			Miami, FL 33169
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exchaprovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
	·

date this document was signed.	_, it other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/07/2014	ı
Signature	
(By a director president or other officer – if directors or officers have not been	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Carlos Frost	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_