P16000002748

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARAMOUNT A	LF, INC.				
DOCUMENT NUMBER: P16000002748					
The enclosed Articles of Amendment and fee are s	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
RAPHAEL HOFFMANN					
	Name of Contact Persor	1			
C/O KEITH D. SILVERSTEIN, P.A.					
 -	Firm/ Company				
701 BRICKELL AVENUE,	701 BRICKELL AVENUE, SUITE 2000				
	Address				
MIAMI, FLORIDA 33131					
	City/ State and Zip Code	•			
KEITH@SILVERSTEINPA.COM	1				
E-mail address: (to be t	ised for future annual report	notification)			
For further information concerning this matter, plea	ase call:				
KEITH D. SILVERSTEIN	at (<u>305</u>	868-0200			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee	□\$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 ment Section on of Corporations Building xecutive Center Circle			

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Articles of Amendment to Articles of Incorporation

PARAMOUNT ALF, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P16000002748

A. If amending name, enter the new name of the corpo	oration;	
		<i>The new</i>
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc." or "Co". A professional corporation name	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable:		19 A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		PHI2:
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		STATE DRATION 2: 10
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida,	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		•••
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the pe	osition.

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 Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	SOLAIMANZADEH, SARA	193 MCCLAUGHLIN AVE
Add			HOLLIS NY 11423
X Remove			
2) Change	VP	SOLAIMANZADEH, YAHYA	193 MCCLAUGHLIN AVE
Add			HOLLIS NY 11423
X Remove			
3) Change	S	HOFFMANN, GILA	1117 MASSACHUSETTS AVE
X Add			SAINT CLOUD, FL 34769
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		,	
6) Change			
Add			
Remove			

<u>f amending or adding</u> Attach <i>additional sheet</i>	g additional Articles, enter change(s) here: ts. if necessary). (Be specific)
<u> </u>	
If an amendment pro-	vides for an exchange, reclassification, or cancellation of issued shares,
provisions for imples	menting the amendment if not contained in the amendment itself:
(if not applicable	, indicate N/A)
·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
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):	71
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
August 16, 2019 Dated	
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)	
KEITH D. SILVERSTEIN	
(Typed or printed name of person signing)	
Authorized Representative	

(Title of person signing)