No. 0590 P.P. 1 of 2 Oct. 24. 2017 (1:36 PMons

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COR AMND/RESTATE/CORRECT OR O/D RESIGN VILLAS II AT GRAN PARADISO INC.

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COVERLETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	Peradiso, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	ter to the following:
	Charles Mann, Esq.
	(Name of Contact Person)
	Paveso Law Firm
	(Firm/ Company)
	1833 Hendry Street
	(Address)
	Fort Myers, FL 33901
	(City/ State and Zip Code)
E-mail eddress: (to be used	d for future minual report notification)
For further information concerning this matter, please	call:
Charles Mann	239-336-6242
(Name of Contact Person	
Enclosed is a check for the following amount made po	eyable to the Florida Department of State:
E \$35 Filling Fee	Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED 17 OCT 21: MI 9: 37

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	Article	s of Amendment	
•	مماملون ه	to of incorporation	
	Alticia	ef	
V iņ	iș II at Gra	n Parodiso Inc.	
(Name of Corporation	ял сруген	tly filed with the Planids	Dept. of State)
	N1700000	03462	
(Docum	cent Numb	er of Corporation (If lonow	n)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation;	rida Statute	s, this <i>Florida Not For Pi</i>	rofit Corporation sclopts the following
A. If amending name, enter the new name of the	: corporati	on:	
WÁ			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporal	ion" or "incorporated" o	
B. Enter new principal office address, if applica	ble;	N/A	
(Principal office address MUST BE A STREET A			
C. Enter hew mailing address, if applicables (Mailing address MAY BE A POST OFFICE A	<i>BOX</i>)	N/A	
 If amending the registered agont and/or registered agent and/or the new register 	ed office =	e goores in Plonga, en daresi:	er me name or the
Name of New Registered Agent		stered Agent, L.L.C.	
	1833 Hen	dry Street	
		(Flank)	surces address)
Now Registered Office Address:	Fire 3 free	_	33901
	Fort Mye		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered	Agent:	1 H - st - Ash - Islan
I hereby accept the appointment as registered agen	i. Lonja	in learning with and assess the	
		1125-	phitne
· -	<u></u>	ignature of New Registers	
	(*		

Page 1 of 4

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.

<u>У</u> <u>Мі</u>	ke Jones	
Title	Nams	Address
PD	Matthew Koratich	10481 Six Mile Cypress Pkwy
		Fort Myers, FL 33901
VD	David Negip	
STD	David Caldwell	10481 Six Mile Cypress Pkwy
		Fort Myers, FL 33901
VD	Darin McMurray	. <u> </u>
тр	Lance Ellis	
	Dani 2 at 1	
	Y Mil SY Sal Title PD VD STD	Y Mike Jones SY Sally Smith Title Nams PD Matthew Koratich VD David Negip STD David Caldwell VD Darin McMurray

 If amending or adding additional Art (attach additional sheets, if necessary). 	icles, enter change(s) here:
(struch additional sheets, if necessary).	(Be specific)
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Page 3 of 4

	e caste of each amendment(s) adoption:
021	e this document was signed.
ΕN	ective date if applicable;
	(no more than 90 days after amendment file date)
<u>No</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
Ad	option of Amendment(s) (CRECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
8	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 10/24/17
	Stemplare 1
	(By the chairmen of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Matthewstoration
	(Typed or printed name of person signing)
	President
	(Title of person signing)