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MAY 23 2013  
D. BUTLER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI PARADISE INVESTMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA P CASTRO

Name of Person

MIAMI PARADISE INVESTMENT LLC

Firm/Company

6301 COLLINS AVE APT 2103

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA P CASTRO

Name of Person

at ( 954 ) 5885318

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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MIAMI PARADISE INVESTMENT LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana Paula P Castro	6301 Collins ave	<input type="checkbox"/> Add
		apt 2301	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33141	
MGR	Ana Paula R Castro	6301 Collins ave	<input checked="" type="checkbox"/> Add
		apt 2301	<input type="checkbox"/> Remove
		Miami Beach, FL 33141	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated May 5th, 2013

AnaCastro

Signature of a member or authorized representative of a member

Ana Paula R Castro

Typed or printed name of signee

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Filing Fee: \$25.00

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