

L20000173758

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

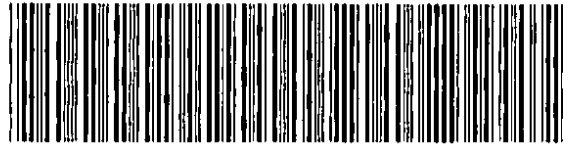
(Business Entity Name)

(Document Number)

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2023 JUN 15 AM 11:14

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PARADISE INVESTMENTS OF FLORIDA 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:

Zosia Mastromatteo

Name of Person

Firm/Company

11446 54th St N

Address

West Palm Beach FL 33411

City/State and Zip Code

AP@AshlandPropertiesUSA.com

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

For further information concerning this matter, please call:

Zosia Mastromatteo

561 720-4300
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUL 16 PM 1:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARADISE INVESTMENTS OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 26, 2020 and assigned
Florida document number 120000173758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11446 54th St N

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11446 54th St N

West Palm Beach, FL 33411

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Zosia Mastromatteo

New Registered Office Address:

11446 54th St N

Enter Florida street address

West Palm Beach

City

Florida 33411

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Howard Zusel</u>	<u>1127 Royal Palm Beach Blvd</u>	<input type="checkbox"/> Add
		<u>Ste 356</u>	<input checked="" type="checkbox"/> Remove
		<u>Royal Palm Beach, FL 33411</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Zosia Mastromatteo</u>	<u>11446 54th St N</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach FL 33411</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Arthur R. Redgrave</u>	<u>225 NE Mizner Blvd Ste 440</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 8 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00