# L0000007315

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# **COVER LETTER**

### TO: Registration Section Division of Corporations

## PARADISE ACQUISITIONS AND DEVELOPMENT, L.L.C.

SUBJECT: \_\_\_\_\_

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:

#### HEIDI PRENDES

Name of Person

A+ MINI STORAGE

Firm/Company

12200 SW 117TH AVE

Address

MIAMI, FL 33186

City/State and Zip Code HPRENDES@APLUSMINI.COM

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

For further information concerning this matter, please call:

HEIDI PRENDES	305	232-7198
	_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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION $F(\underline{E})$ OF

	209 JUL 15 P 2-33		
PARADISE ACQUISITIONS AND DEVELOPMEN			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited ]	Inv as it now appears on our records. Image: Company it is a standard straight straightstraight straight straight straight straight straight straight st		
The Articles of Organization for this Lumited Liability Company	were filed on 00/22/2000 and assigned		
Florida document number L0000007315			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12200 SW 117TH AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186		
Enter new mailing address, if applicable:	12200 SW 117TH AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the		

registered agent and/or the new registered office address here:

Name of New Registered Agent:	STEVEN H. NATURMAN		
New Registered Office Address:	9500 S. Dadeland Blvd. Suite 601		
<u>New Neglistered Office Address</u> .	Enter Florida street address		
	MIAMI	. Florida <sup>33156</sup>	
	Ciņ	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 mercly reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

. . . .

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

## MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL A NUNEZ	12200 SW 117TH AVENUE	<b>—</b>
		MIAMI, FL 33186	🖸 Add
			Remove
			Change
MGR	RAUL NUNEZ	12200 SW 117TH AVENUE	
		MIAMI, FL 33186	🖸 Add
			Remove
			E Change
			O Add
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			Remove
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			_ Add
			Remove
			Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	July 3 /2019 A. M
	(11) 65
	Signature of a member or authorized representative of a member
	RAW L NUMER
	Typed or printed name of signce

Page	3	of	3
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Filing Fee: \$25.00