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(R	equestor's Name)
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	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to) Filing Officer:
	Office Use Only

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

Paradise Property Associates, LLC

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:

Star M. Sansone

Name of Person

Salter Feiber, P.A.

Firm/Company

3940 N.W. 16th Boulevard, Building B

Address

 Gainesville, Florida 32605
 Gainesville, Florida 32605

 City/State and Zip Code
 For further information concerning this matter, please call:

 Star M. Sansone
 352

 Name of Person
 Area Code

Name of Person

Enclosed is a check for the following amount:

🖀 \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 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 Tallahassec, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradisc Property Associates, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as <u>it now appears on our records.</u>) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>April 8, 2008</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	3940 N.W. 16th Boulevard, Building B		
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, Florida 32605	3074 / SEC	
	3940 N.W. 16th Boulevard, Building B	AUG 13	
Enter new mailing address, if applicable:	Gainesville. Florida 32605	SSOF B	
(Mailing address MAY BE A POST OFFICE BOX)			כ
		56	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	<u>e of the new register</u>	<u>-ed</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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>	Name	Address	Type of Action
MGR	Star M. Sansone	3940 N.W. 16th Boulevard, Building B	🗐 Add
		Gainesville, Florida 32605	🗌 Remove
			□Change
MGR	Steven C. Colon	5200 N.W. 43rd Street, Suite 102-346	🗆 Add
		Gainesville, FL 32606	🖬 Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	August	9	2024	
			A.	
	·	S	ignature of a member or authorized	representative of a member

Star M. Sansone, Manager

Typed or printed name of signee