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(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL MAIL
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## COVER LETTER,

Paradise	Island LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Jaime Ramon Cuevas Rus	hing	
		Name of Person	<del></del>
	Paradise Islands LLC		
		Firm/Company	******
	817 Daphne Dr		
		Address	<del> </del>
	Brandon , Fl. 33510		
		City/State and Zip Code	
	Dolphins I 128@aol.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please e	all:	
Jaime Ramon Cuevas I	Rushing	813 966-9790 at ()	
Name of Person Area Code Daytime Telephone Num		: 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

# FILED

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise Islands LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) npany)	<del></del>
The Articles of Organization for this Limited 1	Liability Company were filed	I on	and assigned
lorida document number 90 0622988	100001070	53	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u></u>	
Principal office address MUST BE A STRE	ET ADDRESS)		
			SE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
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			-10
3. If amending the registered agent and	l/or registered office addr	ess on our records, <u>en</u>	ter the name of the no
egistered agent and/or the new registered of	office address here:		34 2.12.0.2
Name of New Registered Agent:	Jaime Ramon Cuevas Rusi	hing	
New Registered Office Address:	817 Daphne Dr		
	E	nter Florida street address	
	BRANDON	Florida	33510
	City		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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jaime R Cuevas	817 Daphne Dr Brandon Fl. 33510	
			Remove
			☐ Change
AMBR	Jaime R Cuevas Rushing	817 Daphne DR Brandon Fl. 33510	B Add
			□ Remove
		<del></del>	
			🗖 Add
			Remove
			Change
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		a.a.v.				
Effective date, if oth (If an effective date is listed Note: If the date inser- document's effective d	l, the date must be sp ted in this block d	ecific and cannot loes not meet the	be prior to date of applicable statu	filing or more than tory filing requi	(optional) 90 days after filing.) rements, this date v	Pursuant to 605.0207 ( vill not be listed as the
the record specifies ) The 90th day aft			out not an eff	ective time, a	at 12:01 a.m. c	n the earlier of:
Dated September 13		2019	ı			
					/ ,	
				esentative of a me		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee