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(Req	uestor's Name)				
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COVER LETTER

TO: Registration Se Division of Cor			•
subject: <u>P</u> ac	radise 740 L.L. Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Micha	el D. Wild Name of Person	
	<u>\\\</u> \\	Felice and Part	ners
		ne Island Rd. #	
	<u>Plantati</u>	ON FL 33324 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	att:	
Michael Name o	D. Wild f Person	at (<u>954)</u> <u>941</u> Area Code Daytime	1 - 2855 Telephone Number
Enclosed is a check for the	ic 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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RTICLES OF ORGANIZATION OF	18 NOV 16 SO
Or	1416 S AH 1: 15
140 L.C. Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)

Paradise 740, L	L.C.
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on $01/18/2013$ and assigned
Florida document number <u>L 1300009923</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the ness here</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

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>	Address	Type of Action
MBR	CITIVIA REVOYABLE TEUST	10100 West Sumple Road, # Coral Springs, FL 33065	-4010 Xdd
			☐ Remove
			☐ Change
MBR	Quinn-Monti One,	PO BOX 934875 Margate, FL 33093	D\/Add
			☐ Remove
			Add
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effective date <u>e:</u> If the date	if other than is listed, the date e inserted in thi etive date on th	: must be specifi is block does (ic and cannot not meet th	be prior to d e applicable	ate of filling or	more than 90		ng.) Pursuant te	
record spe he 90th da	cifies a dela ly after the	yed effective record is file	ve date, l led	out not a	n effective	time, at	12:01 a.n	n, on the ea	arlier
ed	Ocr 31) luce	کے ہے	or authorize	<u>.</u>				

Page 3 of 3

Filing Fee: \$25.00