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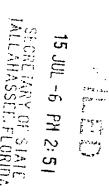
(I	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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JUL 07 2015 J SHIVERS

COVER LETTER

TO: Registration Section ' Division of Corporations				
	RADISE LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	REGOJO, ANTONIO			
		Name of Person		
	AVENIDA LEGAL LLC			
	Firm/Company			
	3550 BISCAYNE BLVD SUITE 507			
	Address			
	MIAMI, FLORIDA 33137			
		City/State and Zip Code	<u>.</u>	
	info@avenidalegal.com	be used for future annual report notific		
For further information c	oncerning this matter, please cal	•	eation)	
REGOJO, ANTONIO		305 814-8299 at ()		
at () Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the	ne 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 OF

IBIZA PARADISE LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L13000069153		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Formula 11 16 17 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		the name of the new
registered agent and/or the new registered office address here	:	SFC SFC
Name of No. Declared Associa		
Name of New Registered Agent:		SS 5 Separate
New Registered Office Address:	Enter Florida street address	<u>m~</u>
		7 S S S S S S S S S S S S S S S S S S S
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		5 7

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>	Type of Action
MGR GONZALEZ, FRANCISCO B	GONZALEZ, FRANCISCO B	3550 BISCAYNE BLVD STE 507	
		MIAMI, FLORIDA 33137	Remove
			Change
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			Change
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D. If amending any other information, enter	change(s) here) (Anden vielditimiel siècis (I necessory))
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