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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Pa	radise Fo	and Investments LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Melissa	O. Lanza, Esq.	
	Melion	P. Lanza PA Firm/Company	?
	104 CRAI	ndon Blud #420	1624 JAH -5
	Luciaspe	City/State and Zip Code  Couch Chotmail. com  to be used for future annual report notification)	-5 #8 9:37
For further information co	oncerning this matter, please c	all:	_
Melisa (	Person	at (305) 361 · O99 7 Area Code Daytime Telephone Number	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is enc	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, I	7	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise Found 3	Investments (	<u> </u>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>10/17/3</u> 137	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 20
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	<del></del>	
45		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del> -	7 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		<u> </u>
		(C)
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		·
New Registered Office Address:		
THE REGISTER OTHER PARTIES.	Enter Florida street addres	· S
	r.i.	orida
	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

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
AMBR	Lucia A. Percouch	121 Crandon Glue #261	□Add
		121 CRANdon Glud #261 Key Bisayne, FL 33149	Remove
			Change
AMBR	Lucia Percovich	Ky Biscarne FL 3314	bevad
		Kuy Biscarne FL 3314	<b>19</b> □Remove
			Change
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	1	
ffective date, if other than the date of filing: December 1 an effective date is listed, the date must be specific and cannot be prior to date Sote: If the date inserted in this block does not meet the applicable state occument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pur	rsuant to 605.020 I not be listed a
record specifies a delayed effective date, but not an effective time, at I is filed.	12:01 a.m. on the earlier of: (b) The 90	Oth day after the
December 1 2023.		

Filing Fee: \$25.00