

# L14000019510

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

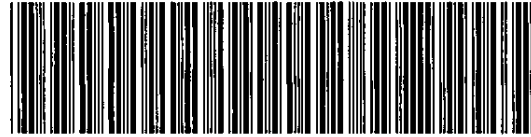
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700263955937

09/08/14--01029--004 \*\*25.00

FILED  
14 SEP -8 AM 11:29  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

6/m  
9/19/14

*Marlene Leon-Rubido*

Attorney At Law

Coral Way Law Center  
6780 Coral Way  
Miami, Florida 33155  
marlenerubido@earthlink.net

Tel: (305) 596-2211  
Tel: (305) 261-4000  
Fax: (305) 669-9202

September 3, 2014

Division of Corporation  
Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Paradiso II SS LLC**

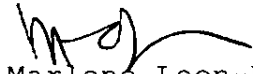
Dear Sir or Madam:

As per your instructions, enclosed are the following:

1. Articles of Amendment.
2. Check in the sum of \$25.00, representing your fee for the filing.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PARADISO II SS, L.L.C.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2014 and assigned  
Florida document number L14000019510.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
14 SEP - 8 AM 11:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo Samuell Bouza	16058 SW 85 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33193	<input type="checkbox"/> Remove
MGR	Samlis Samuell		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Johan Vega		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 14 SEP - 8 AM 11:29  
 SECRETARY OF STATE  
 ALABAMA, FLORIDA

**D. If appending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

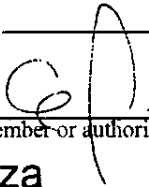
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/3/2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Eduardo Samuel Bouza**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**14 SEP - 8 AM 11:29**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA