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COVER LETTER

TO: Registration Secti Division of Corpor		
SUBJECT:	MPETUS ENTERPRISES, LLC Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
	David Segev Name of Person	
	Impetus Enterprises, LLC Frm/Company	
	132 Black Hickory Way	
	Ormand Beach, FL 32174 City/State and Zip Code d season 92@aim.com E-mail address: (to be used for future annual report notification)	
	F-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
David Segen	erson at (386) 562-6892 -1 Area Code Daytime Telephone Number	
Enclosed is a check for the t	following amount:	
\$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate Of Status Certificate Of Status Certificate Of Status & Certificat	

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Taliahassee, 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

	ERPRISES, LLC			
(Name of the Limited Liability (A Florida	v Company as it now appears on our records Limited Liability Company)	<u>a</u>)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 12-19-11	4	and assi	igned
Florida document number <u>L 140 00 1935 9 8</u>				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limit	ed liability company here:			
PARADISE PROPERTY C				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the al	breviation "L.I	L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
<u>(Principal office address MUST BE A STREET ADDRI</u>	<u> </u>			
				·
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	. <u></u>
(Mailing address MAY BE A POST OFFICE BOX)				·
		_ -1		
B. If amending the registered agent and/or register		enter	the name o	of the new
registered agent and/or the new registered office addre	ess nere:		3	47
Name of New Desiration 1.4		SSE	1	120 120
Name of New Registered Agent:		mar Car		
New Registered Office Address:		<u>ئىڭ</u> لىرۇقى	U	<u> </u>
	Enter Florida street address	المستران المستران	<i>₩</i>	
·	, Flor	rida	i Zip Code	
	City		za 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:

<u>Title</u>	uthorized Member Name	Address	Type of Action
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Effective date, if other th	on the date of f	Ľ			-	-1\	
If an effective date is listed, the	date must be specific	and cannot be p	rior to date of t	iling or more tha	(optiona n 90 days after fili	ng.) Pursu	ant to 605.0
Note: If the date inserted in document's effective date of	n this block does no on the Denartment o	of State's recor	olicable statur rds	ory filing requ	irements, this da	te will no	ot be listed
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he record specifies a d	elaved effective	e date. but	not an effe	ective time.	at 12:01 a.m	ı. on th	e earliei
The 90th day after t	he record is file	ed.					
Dated October	27th	2019	<u>S</u> .				
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