

17/2015

Division of Corporations

**L15000007659**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : ROTHMAN & TOBIN, P.A.  
Account Number : I20000000031  
Phone : (305)895-3225  
Fax Number : (305)895-7175

FILED  
15 MAR 17 PM 1:20  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: LKaizen@RothmanandTobin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PARADISE MM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 MAR 17 AM 10:00

RECEIVED  
BUREAU OF CORPORATE  
INFORMATION SERVICES

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PARADISE MM LLC

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

FILED  
15 MAR 17 PM 1:20  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2015 and assigned  
Florida document number L15000007659

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)

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>
AMBR	Mauricio Santos De Silva	407 NW 10TH TER - SUITE C5	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
AMBR	Marta Franco Margonarí Da Silva	407 NW 10TH TER - SUITE C5	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
AMBR	Mauricio S. Da Silva	407 NW 10TH TER - SUITE C5	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
AMBR	MARTA F DA SILVA	407 NW 10TH TER - SUITE C5	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 March 3

2015

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

MAURICIO S. DA SILVA

\_\_\_\_\_  
Typed or printed name of signer