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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations			
eun iber	PARAISO BAYVIEWS 2503 LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		CAMPOS, MARIO A			
			Name of Person		
		PARAISO BAYVIEWS 2	503 LLC		
			Firm/Company		
		11357 Preserve View Dr			
			Address		
		Windermere Florida 34786	,		
			City/State and Zip Code		
		cmario2110@gmail.com	to be used for future annual report not	ification	
For further in	iformation c	oncerning this matter, please c			
CAMPOS, N	1ARIO A		617 870-1801 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 PH 4: [:] PARAISO BAYVIEWS 2503 LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

DECRETARY OF STATE TALLAHASSEE.FL The Articles of Organization for this Limited Liability Company were filed on $\frac{02/06/2015}{1}$ and assigned Florida document number 1.15000023-440 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11357 Preserve View Dr. Enter new principal offices address, if applicable: Windermere Florida 34786 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 2815 Windermere, Florida 34786 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: N/A Name of New Registered Agent: 11357 Preserve View Dr. New Registered Office Address: Enter Florida street address

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.

City

Windermere

_. Florida 34786 Zip Code 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>	Address	Type of Action
AMBR	REY SOTOMAYOR, YUMAIRA	11357 Preserve View Dr	□Add
		Windermere, Florida 34786	□Remove
		N/A	≣ Change
N/A	N/A	N/A	□Add
		N/A	
		N/A	
N/A	N/A	N/A	
		N/A	□Remove
		N/A	[]Change
N/A	N/A	N/A	
		N/A	(1)
		N/A	□Change
N/A	N/A	N/A	5.11
		N/A	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n, on the earlier of: (b) The 90th day after the
MAY 25 2022	
n 1	
Signature of a member of authorized representation	ur of a mambar
Signature of a member of aumorized representative	or a memoer