

LE000057231

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15 APR 29 AM 10 24
100272177271

MAY 05 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARAISO POOL II LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANDEE VALDERRAMA
Name of Person

QUALITY BUSINESS SOLUTION LLC
Firm/Company

1229 PROVIDENCE BLVD Suite J
Address

DELTONA, FL 32725
City/State and Zip Code

VALDERRAMABUSINESS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANDEE VALDERRAMA at (386) 259-4971
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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
Division of Corporations
P.O. Box 6327
Tallahassee, 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

PARAISO POOL II, LLC

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

FILED
15 APR 29 AM 10:24
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 415000057231.

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)

3326 ROBERT TRENT JONES DR
ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3326 ROBERT TRENT JONES DR.
APT # 206
ORLANDO, FL 32835

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 amehding 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	SOURCE USATE, DANIELA E	3326 ROBERT TRENT JONE DR ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SOURCE USATE, DANIELA E.	3326 ROBERT TRENT JONE DR APT #206 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BIANCO ROMANO, GIORGIO G.	3326 ROBERT TRENT JONE DR ORLANDO, FL 32825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BIANCO ROMANO, GIORGIO G.	3326 ROBERT TRENT JONE DR APT #206 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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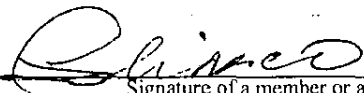
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE ON THE PRINCIPAL & MAILING ADDRESS
ADDING APT #206 also TO THE MEMBERS ADDRESS
ON ONE OF THE MEMBER DANIELA E SOURCE USCATE
Change her last name as: SOUCRE
Thank you for your help!!

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 April 20, 2015



Signature of a member or authorized representative of a member

GIORGIO G. BIANCO ROMANO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR 29 AM 10:24
SECRETARY OF STATE
TREASURER OF FLORIDA