## 115000147873

(Requestor's Name)			
(Address)			
(Address)			
( indicate)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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## **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJEC		rading Transport LLC			
SOPSE		Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub ondence concerning this matter	_		
		Lisdan Machado			
			Name of Person		
		Paradise Trading Transpor	t LLC		
			Firm/Company		
		3401 SW 149 Avenue			
			Address		
		Miami, Florida 33185		مسم ند ند	1 7 50
			City/State and Zip Code	<del></del>	5
	•	paradisett2015@yahoo.com		•	三二二
For furth	er information o	concerning this matter, please co	to be used for future annual report notif	ication)	7 MAR 14 PM 3: 46
Lisbey V	/ega		305 898-1104		あり
	Name o	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed	l is a check for t	he 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)	
	MAII	INC ADDESS.	STDEET/CÒ∐DU	FD ADDDESS.	

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

Paradise Trading Transport LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our I Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L15000147873	Liability Company	were filed on August 28, 2	2015	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:		3401 SW 149 Avenue		
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami, Florida 33185		
Enter new mailing address, if applicable:		3401 SW 149 Avenue		1 24
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami, Florida 33185		35
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the	name of the new
Name of New Registered Agent:	Lisdan Machad	lo		
New Registered Office Address:	3401 SW 149 A	Ave		
<del></del>		Enter Florida street d	uddress	
	Miami		_, Florida <u>33185</u>	
		City	Z	ip 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
RA - P	Amanda Rodriguez	3799 SW 147 Pl Miami, Fl 33185	Add
			Remove
			Change
ra _ ρ	Lisdan Machado	3401 SW 149 Ave Miami, FL 3318	■ Add
	•		☐ Remove
			Change 57?
<u>VP</u>	Lisdan Machado		O Adds
			Remove
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			□ Add
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	ding any other information, enter change(s) her	et (maen dadmonal sheets, y necessary.)	
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			—————————————————————————————————————
			MAR 14 PH 3: 1
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			5
(If an effect <u>Note:</u> If	e date, if other than the date of filing:  live date is listed, the date must be specific and cannot be prior  the date inserted in this block does not meet the applic  t's effective date on the Department of State's records.	able statutory filing requirements, this date will n	ant to 605.0207 (3)(bot be listed as the
f the reco b) The 9	rd specifies a delayed effective date, but no Oth day after the record is filed.	ot an effective time, at 12:01 a.m. on th	e eartier of:
Dated	arch 10 2017	·	
	(1)(1)	orized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00