L17000031152

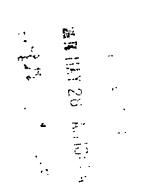
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

DIVISION OF	Corporations		
TITA	ONEPARAISO LLC		make make
SUBJECT:	Name of L	imited Liability Company	
			The state of the s
The enclosed Article	es of Amendment and fee(s) are si	ubmitted for filing.	, b; - y² - y²
Please return all corr	respondence concerning this matte	er to the following:	~
	Maxime Rambaud		•
	Name of Person		
		Firm/Company	
	2 COCONUT LANE		
		Address	
	KEY BISCAYNE, FL 3:	3149	
		City/State and Zip Code	
	maximerambaud@gmail.		
	E-mail address	(to be used for future annual report	notification)
For further informati	on concerning this matter, please	call:	
Maxime Rambaud		786 252-915	0
Nu	me of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e S30.00 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)
Re _j Div	AILING ADDRESS: gistration Section vision of Corporations). Box 6327	STREET/CO Registration So Division of Co Clifton Buildin	rporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The second second

TITA ONEPARAISO LLC

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

The Articles of Organization for this Limited L Florida document number L17000031152	iability Company were file	ed on 02/08/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability com	npany here:
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
Farmer of the state of the stat		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of	4.7	dress on our records, enter the name of the
Name of New Registered Agent:	Viteri Financial Corpora	ation
New Registered Office Address:	6721 SW 69 Terrace	
 		Enter Florida street address
	Miami	Florida 33143
	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 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 c	each person	being a
or removed from our records:				

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Add
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		18.	☐ Change
			
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 d lock does not meet the applicable statutory filing requirement	(optional) lays after filing.) Pursuant to 605,0207 (3) ents, this date will not be listed as the
f the record specifies a delaye b) The 90th day after the rec	d effective date, but not an effective time, at 1 cord is filed.	2:01 a.m. on the earlier of:
Dated May 23	2019	
V.	Ti.	
	Signature of a member or authorized representative of a member	r
Xavier Viteri		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00