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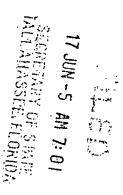
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			,
CUD IE/		ski Rentals LLC		
SUBJEC	-1; <u></u>	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Leonel Barreto		
			Name of Person	
			Firm/Company	······································
		8461 SW 201 ST	;	
			Address	
		Cutler Bay, FL 33189		
		imar51264@yahoo.es	City/State and Zip Code	
			to be used for future annual report notific	eation)
For furth	er information co	oncerning this matter, please ca	all:	
Leonel l	Barreto		305 748-0466 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e 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

TO:

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

Salt Life Jetski Rentals LLC						
(Name of the Limited L (A F	<mark>iability Compan</mark> Iorida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liabil Florida document number L17000059565	ity Company v	were filed on 03/15/2017 and assigned				
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabil	lity company here:				
Deluxe Paradise LLC						
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation "LLC" or the abbreviation. "L.L.C."				
Enter new principal offices address, if applicable	19551 Holiday Rd					
(Principal office address MUST BE A STREET A	DDRESS)	Cutler Bay, Fl 33157				
Enter new mailing address, if applicable:		19551 Holiday Rd				
(Mailing address MAY BE A POST OFFICE BOX	<u>x)</u>	Cutler Bay, Fl 33157				
registered agent and/or the new registered office		fice address on our records, enter the name of the ne				
Name of New Registered Agent.						
New Registered Office Address:		Enter Florida street address				
-		City Florida Zip Code				
New Registered Agent's Signature, if changing Regis						
provisions of all statutes relative to the proper a accept the obligations of my position as register	ind complete j ed agent as p istered office (e to act in this capacity. I further agree to comply with the performance of my duties, and I altifamilian with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability				

If Changing Registered Agent, Signature of New Registered Agent

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 Title Title <u>Name</u> <u>Address</u> **Type of Action** _□ Add ☐ Remove _□ Change _□ Add _□ Remove _ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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tive date, if other than the date	of filing:		(optional)	
ffective date is listed, the date must be s	pecific and cannot be prior to		han 90 days after filing.) Pur	
If the date inserted in this block of ment's effective date on the Depart		ble statutory filing rec	quirements, this date will	not be liste
•				
ecord specifies a delayed eff	ective date, but not	an effective time	e. at 12:01 a.m. on	the earlie
e 90th day after the record			,, at 11.01 a	
d May 22				
12				
		rized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00