217000064310

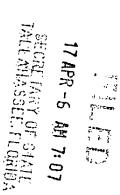
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL . |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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04/06/17--01018--008 **25.00



To Who it May Concern:

4/02/207

Florida Department of State

Please see changes on LLC

Regards

Luis A Figueroa

1761 Se Adair Rd

Port Saint Lucie Florida

720 233 0267

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|--|---|--|
| CUD IE | | ARADISE LLC | | |
| SUBJE | C1: | Name of Lim | ited Liability Company | <u> </u> |
| The enc | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspon | ndence concerning this matter | to the following: | |
| | | DANIEL FIGUEROA | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1761 SE ADAIR RD | | |
| | | | Address | |
| | | PORT SAINT LUCIE FLO | ORIDA 34952 | |
| | | | City/State and Zip Code | |
| | | DAGAFIG@GMAIL.COM | to be used for future annual report notific | cotion) |
| For furth | her information co | oncerning this matter, please ca | | Jacony |
| DANIE | L FIGUEROA | | 720 233-0267 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | d 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

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

| DAFIGS PARADISE LLC | | |
|--|---|----------------------------------|
| (Name of the Lim | ited Liability Company as it now appears on our reco (A Florida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited I Florida document number L17000064310 | Liability Company were filed on 3/21/2017 | and assigned |
| This amendment is submitted to amend the fol | llowing: | |
| A. If amending name, enter the new name | of the limited liability company here: | |
| The new name must be distinguishable and contain the Enter new principal offices address, if appli | | LC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u> </u> | |
| B. If amending the registered agent and registered agent and/or the new registered o | Nor registered office address on our reco | rds, enter the name of the new |
| Name of New Registered Agent: | DANIEL A FIGUEROA | PR-8 |
| New Registered Office Address: | 1761 SE ADAIR RD | 75 2 100 |
| • | Enter Florida street add PORT SAINT LUCIE | Florida 83952 |

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

If Changing Registered Agent, Signature of New Registered Agent

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> | Name | Address | Type of Action |
|--------------|-------------------|--|-----------------------|
| MRB | LUIS A FIGUEROA | 101 N CAROLYN DR | |
| | | CHOCTAW OK 73020 | □ Remove |
| | | | Change |
| MGR D | DANIEL A FIGUEROA | 1761 SE ADAIR RD | |
| | | PORT SAINT LUCIE FL 34952 | □ Remove |
| | | | |
| <u> </u> | ALICIA FIGUEROA | 101 N CAROLYN DR | |
| <u> </u> | | CHOCTAW OK 73020 | ■ Remove |
| | | | Change |
| | CATHY CORY | 1761 SE ADAIR RD | |
| | | PORT SAINT LUCIE FL 34952 | ■ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
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| | | ************************************** | Remove |
| | | | ☐ Change |

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| fective date, if other than the date of filing: $\frac{4/3/2017}{}$ | (optional) | |
| fective date, if other than the date of filing: 14/3/2017 In effective date is listed, the date must be specific and cannot be prior to date one: 15 the date inserted in this block does not meet the applicable state. | of filing or more than 90 days after filing.) Pursuant to 60 |)5.02 sted |
| cument's effective date on the Department of State's records. | mules, ming requirements, and care and net see in | |
| | | |
| record specifies a delayed effective date, but not an e The 90th day after the record is filed. | effective time, at 12:01 a.m. on the earl | ıer |
| | | |
| ated 3 April , 2017. | | |
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| 1.0.04 | | |

Page 3 of 3

Filing Fee: \$25.00