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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| CHD IT | с т. | PARADISI | E 4495, LLC | | | |
| SUBJE | CI: | | Name of Lim | ited Liability Compa | лу | |
| | | | Amendment and fee(s) are sub- | _ | | |
| r rease r | ctuiii | an correspo | CARLOS GIL | to the following. | | |
| | | | | Name of Pers | o n | _ |
| | | | | | | |
| | Firm/Comp 3910 WEST FLAGLER STREET | | | • | | |
| | | | | Address | <u> </u> | |
| | | | MIAMI FLORIDA 33134 | City/State and Zi | Code | |
| | | | CARLOS@CARLOSAGIL | .PA.COM | | |
| For furti | her in | formation c | E-mail address: () oncerning this matter, please ca | to be used for future | annual report notific | cation) |
| CARLO | | | | 305 at (| 443-2525 | |
| | | Name o | f Person | Area Co | de Daytime | Telephone Number |
| Enclose | d is a | check for th | ne following amount: | | | |
| \$25 | .00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filin Certified C (additional co | | ☐ \$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 | | | ation Section on of Corporations ox 6327 | Re Di CI 26 | REET/COURIE gistration Section vision of Corporat ifton Building 61 Executive Cent illahassee, FL 3230 | tions ter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PARADISE 4495, LLC | | | |
|---|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny at it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L17000123237 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability | | and assigned | |
| , | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the a | bbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 83 0 sw 2 street | 18 LEC | |
| (Principal office address MUST BE A STREET ADDRESS) | Milmi, florida 33144 | | |
| | | 26 SS | |
| Enter new mailing address, if applicable: | 837D sw 2 street | OF STA | |
| (Mailing address MAY BE A POST OFFICE BOX) | miami, florida 33144 | 5. ROTE | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | the name of the new | |
| | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |
| | Cin | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent; | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am provided for in Chapter 605, F.S. Or | familiar with and if this document is | |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

| If amending or removed | g Authorized Person(s) authorized to n from our records: | nanage, enter the title, name, and addres | ss of each person being added |
|---------------------------|--|---|-------------------------------|
| MGR = M AMBR = A | lanager authorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| mgr | ignacio sotolongo | 8370 sw 2 street | ■ Add |
| | | miami florida 33144 | □ Remove |
| | | | Change |
| mgr | first american exchange company | 215 s state street, suite 380 | □ Add |
| | | salt lake city, ut 84111 | ■ Remove |
| | | | ☐ Change |
| | | | Add |
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| | | | ☐ Change |
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| DIf amending any other info | ormation, enter change(s) he | re: (Attach ad | ditional sheets. if nec | essarv.) | |
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| | te must be specific and cannot be pri- | | | filing.) Pursuant to 605.02 | |
| | his block does not meet the appl the Department of State's record | | filing requirements, this | s date will not be listed a | as the |
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| If the record specifies a del (b) The 90th day after the | ayed effective date, but ne record is filed. | ot an effectiv | e time, at 12:01 a | a.m. on the earlier | of: |
| Dated january 10 | 2018 | . | | | |
| | May 31 | 0 | | | |
| | | thorized representa | ative of a member | | |
| <u></u> | MARK A. F | JULLICK | · | | |
| | l yped or prii | nted name of signe | ce · | | |
| | | | | | |

Page 3 of 3

Filing Fee: \$25,00