L17000183073

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COVER LETTER

TO: Registration Se Division of Cor		•		
STRIKET, Paradis	o Venice Invest LLC			
SUBJECT:	Name of Lim	nted I tability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
	ondence concerning this matter			
	Vratko Stojkovic			
		Name of Person		
		Firm/Company		
	20564 Prego Pl			
		Address		
	Venice FI 34293			
		City/State and Zip Code		
	Stojkovic.sk@gmai	II.COM to be used for future annual report not	theation)	
For further information c	oncerning this matter, please c			
Vratko Stojkovic	:	at (<u>941</u>) 786-445	55	
Name o	r Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	s:	Street Address:		
Registration Section		Registration Section		
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee, l			rananassee ne Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradiso Venice Invest LLC

(Name of the Lim	ited Liability Company (A Flooda Lumted Liab	as it now appears on ou thty Company)	r records.)	
The Articles of Organization for this Limited I Florida document number <u>L170001830</u>		ere filed on	8/28/2017	7 and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability	v company here:		
The new name must be distinguishable and contain the	words "Limited Liability)	Company," the designati	on "LLC" or the ab	hreviation "L.L.C."
Enter new principal offices address, if appli	icable: _			
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	20564 Prego P		
	-			
3. If amending the registered agent and/or gent and/or the new registered office addr		lress on our records	, enter the nam	e of the new regist
Name of New Registered Agent:	Vratko Stojko	ovic		·.
New Registered Office Address:	20564 Prego	Pl Enter Florida stre	et address	1: 20:
	Venice			34293
		City	Florida	34293 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 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

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>	Address	Type of Action
AMBR	Stojkovicova, Adriana	20564 Prego Pl, Venice Fl 34293	🗆 Add
			×Remove
			[]Change
AMBR	Homolova, Adriana	20564 Prego PI, Venice FI 34293	XAdd
			□Remove
			[] Change
			□Add
			□Remove
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