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## **COVER LETTER**

| TO:            | Registration Sect<br>Division of Corpo |   |   |  |
|----------------|--|---|---|--|
| SUBJ           | ECT: CANVAS 12                         | 205 LLC   |   |  |
|                | ·                                      | Name of Lim                                     | ited Liability Company  |  |
| The er         | nclosed Articles of A                  | mendment and fee(s) are sub                     | mitted for tiling.  |  |
| Please         | return all correspond                  | dence concerning this matter                    | to the following:   |  |
|                |  | 1   |   |  |
|                |  | Joseph Villate                                  |   |  |
|                |  | •   | Name of Person  | <del></del>  |
|                |  | Joseph Villate CPA                              |   |  |
|                |  |   | Firm/Company  | _  |
|                |  | 250 Catalonia Ave , STE                         | E 506   |  |
|                |  |   | Address   |  |
|                |  | Coral Gables, FL 33134                          |   |  |
|                |  | <u> </u>  | City/State and Zip Code   |  |
|                |  | VillateCPA@bellsouth.ne                         | et .  | · · · · · · · · · · · · · · · · · · ·  |
|                |  |   | to be used for future annual report notif                           | ication) .   |
| For fu         | rther information con                  | cerning this matter, please co                  | all:  |  |
| Josep          | oh Villate CPA                         |   | at ( <u>305</u> ) <u>541-4714</u>                                   |  |
|                | Name of I                              | erson   | Area Code Daytime   | : Telephone Number   |
|                |  |   |   |  |
| Enclos         | sed is a check for the                 | following amount:                               |   |  |
| <b>2</b> 0 \$2 | 5.00 Filing Fee                        | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| CANVAS 1205 LLC  |  |                         |
|--|--|-------------------------|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited        | any as it now appears on our records.)<br>Liability Company) |                         |
| The Articles of Organization for this Limited Liability Company          | y were filed on 11/28/2017                                   | and assigned            |
| Florida document number L17000243238                                     |  |                         |
| This amendment is submitted to amend the following:                      |  |                         |
| A. If amending name, enter the new name of the limited lial              | bility company here:   |                         |
| Paraiso 4105 LLC   |  |                         |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the a               | bbreviation "E.L.C."    |
|  |  | :                       |
| Enter new principal offices address, if applicable:                      |  |                         |
| (Principal office address MUST BE A STREET ADDRESS)                      |  | 1 :                     |
| :  |  |                         |
|  |  | ·                       |
| Enter new mailing address, if applicable:                                |  | <del></del>             |
| (Mailing address MAY BE A POST OFFICE BOX)                               |  | ¥.5.                    |
| inding dairess SIAT DE A FOST (FFICE DO.)                                | -  | <del></del>             |
|  |  | ·                       |
| B. If amending the registered agent and/or registered of                 |  | the name of the new     |
| registered agent and/or the new registered office address her            | <u>re</u> :  |                         |
|  |  |                         |
| Name of New Registered Agent:  |  |                         |
|  |  |                         |
| New Registered Office Address:   | Enter Florida street address                                 |                         |
|  | Liner I wrate street thairess                                |                         |
|  | , Florida  | Zip Code                |
|  | City   | Zip Code                |
| New Registered Agent's Signature, if changing Registered Agent           | <u>:</u>   |                         |
| I hereby accept the appointment as registered agent and agi              | ree to act in this capacity. I further as                    | gree to comply with the |
| provisions of all statutes relative to the proper and complete           | e performance of my duties, and I am                         | familiar with and       |
| accept the obligations of my position as registered agent as             |  |                         |
| being filed to merely reflect a change in the registered office          | e address, I hereby confirm that the li                      | mited liability         |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = N $AMBR = A$ | lanager<br>authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address | Type of Action |
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| Effective date, if oth   | t the date must be specific<br>ted in this block does r | filing: ic and cannot be prior to date of not meet the applicable state of State's records. | Hing or more than 90 d |                         |              |
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Filing Fee: \$25.00