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### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•		
PARAISO	3204 REAL ESTATE LLC		0	
SUBJECT:			·	
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLOS A ESPINOSA			
		Name of Person		
	PARAISO 3204 REALES	TATE LLC		
		Firm/Company		
	175 S.W. 7TH STREET SU	JITE 1817		
	<u> </u>	Address		
	MIAMI, FLORIDA, 33130	)		
	ceo@espigaholdings.com	City/State and Zip Code		
	E-mail address: ()	o be used for future annual report i	notification)	
For further information of	concerning this matter, please ca	ıll:		
CARLOS A ESPINOSA	<b>\</b>	786 5314727		
Name o	of Person	at () Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	爲S30.00 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)	
<u>Mailing Addre</u> Registration Division of C	Section	Street Address Registration Division of C	Section	
P.O. Box 632	27	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAISO 3204 REAL ESTATE LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited I	Liability Company	were filed on FEBRUARY 27, 2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	pility company here:	
KEY PARAISO INVESTMENTS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli		N.A.	
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDKESS)</u>		
Enter new mailing address, if applicable:		N.A.	
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	C.	address on our records, enter the na	me of the new registe
Name of New Registered Agent:	N.A.		
New Registered Office Address:	N.A.		
		Enter Florida street address	
		, Florida _ City	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 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
			□Add
			□Remove
			□Change
			□ Remove
			☐ Change
			□Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
		<u> </u>	□ Change
			Remove
			□Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

