18000082022

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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APR 12 PH 3: 33

APR 13 MIN J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		. ,	
SUBJECT: PARAISO			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	ANA MACHADO		
		Name of Person	
	CTC MANAGEMENT SE	RVICES LLC	
	•	Firm/Company	
	220 Alhambra Circle, 2nd I	Floor .	
		Address -	· · · · · · · · · · · · · · · · · · ·
	Coral Gables, FL 33134		
		City/State and Zip Code	
		amachado@mercantilctc.com	
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please cal	II:	
ANA MACHADO		305 4415545	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed 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

PARAISO 4305 LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on omited Liability Company)	ur records.)
he Articles of Organization for this Limited Liability Com	npany were filed on 03/30/20	and assigned
lorida document number L18000082022		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
'A		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	NA	
rincipal office address MUST BE A STREET ADDRES	<u></u>	
		<u> </u>
iter new mailing address, if applicable:	NA	O comme
Tailing address MAY BE A POST OFFICE BOX)		(Tight)
The state of the s	<u> </u>	
		37.3
If amending the registered agent and/or registere	ed office address on our	records, enter the name of the
source apost and of the new registered expectations	s ucre.	
Name of New Registered Agent: NA	·	
New Registered Office Address:		
	Enter Florida stre	ret 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 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>	<u>Address</u>	Type of Action
MGRM	ETNEIROS INVESTMENTS INC	Hunkins Waterfront Plaza Suite 55	
		Charlestown, Nevis	≅ Remove
		<u> </u>	Change
MGRM	MAGARI BUSINESS INC	Hunkins Waterfront Plaza Suite 55	■ Add
		Charlestown, Nevis	□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
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NA.				

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