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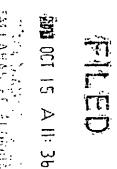
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COVER LETTER

CHID IFCT.	Paradise at	Cruikshank, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspo	ndence concerning this matter t	to the following:		
		Lisa Castellotti			
		Grant Place, LLC	Name of Person		
		59 JANSEN STREET	Firm/Company		
		STATEN ISLAND, NEW	Address YORK, 10312		
		johnsnoslices@aol.com	City/State and Zip Code		
For further is	nformation c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notificall:	001	
Lisa Castello	otti		646 852-0336 at ()	15	137
Employed in a		f Person	Area Code Daytime 1	Telephone Number	Q
□ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

Paradise at Cruilshank, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 26, 2018 and assigned Florida document number $\frac{L18000105975}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 680 Cruikshank Isle Enter new principal offices address, if applicable: Summerland Key, FL 33042 (Principal office address MUST BE A STREET ADDRESS) LISA CASTELLOTTI Enter new mailing address, if applicable: **59 JANSEN STREET** (Mailing address MAY BE A POST OFFICE BOX) STATEN ISLAND, NEW YORK, 10312 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: LISA CASTELLOTTI Name of New Registered Agent: 680 Cruikshank Isle New Registered Office Address: Enter Florida street address Summerland Key City

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

of tempted from our terning.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Claudia M Kiernan		
MGR			□ Add
		3505 S US 1, STE 2	
		St. Augustine, FL 32086	
			■ Remove
			Change
AMBR	National Safe Harbor Exchanges		
		60 E. Rio Salado Parkway, Ste	
		1103, Tempe, AZ 85281	■ Remove
			□ Channa
		50.1	Change
MGR	Lisa Castellotti	59 Jansen St. Staten Island, NY 10312	
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			Remove
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record specifies a delaye The 90th day after the re	ed effective date, but not an effection and effection and effection and effection are set on the effect of the effective and effective and effective and effective are set on the effective are set of	tive time, at 12:01 a.m. on th	ne earlier of
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	Signature of a member or authorized represe	entative of a member	
CLAUDIA M. KIERN			
	Tweed or printed name of a		

Page 3 of 3

Filing Fee: \$25.00