L19000099409

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



100329592971

05/16/19--01014--025 ++25.00

FILE CD

O SIMM(***)

MAY 3 1 2019

COVER LETTER

| DADADIO | : 7725 LLC | | |
|-----------------------------|--|---|--|
| PARADISI SUBJECT: | E 7725 LLC | | |
| | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| · | J | G | |
| | BERTHA M OLAZABAL | | |
| | | Name of Person | |
| | PARADISE 7725 LI C | | |
| | | Firm/Company | |
| | 4540 NORTH BAY ROAL |) | |
| | and the state of t | ** ** Address | , ar set di∌ celli (j |
| | MIAMI BEACH , FL 331- | ` . | - . |
| | | | |
| | bolazabalmd@hotmail.com | City/State and Zip Code | |
| | - | to be used for future annual report noti | fication) |
| For further information of | oncerning this matter, please ca | all: | |
| BERTHA M OLAZABA | | 305 794-1404 | |
| | | at (| |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| | _ | □ \$55.00 Filing Fox 8 | C \$60.00 Filipa Cas |
| ■ \$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

PARADISE 7725 LLC

| (<u>Name of the Limited</u> (A | Liability Company as it now appears on our record Florida Limited Liability Company) | <u>(1s.</u>) |
|--|---|--|
| The Articles of Organization for this Limited Liabi Florida document number L19000099409 | ility Company were filed on APRIL 10,2019 | and assigned |
| This amendment is submitted to amend the followi | ng; | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| * 0 × 0 | र १ <mark>ज्या से तिहार ११३</mark> | the state of the s |
| Enter new mailing address, if applicable: | | 5 |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | # # # # # # # # # # # # # # # # # # # |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ••• |
| Name of New Registered Agent: | | <u>-</u> |
| New Registered Office Address: | Enter Florida street addres | 5.5 |
| | . Fl | orida |
| _ | City | orida 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 |
|--------------|-------------------|--|----------------|
| MGR | BERTHA M OLAZABAL | 4540 NORTH BAY ROAD MIAMI BEACH, FL 33140 | ■ Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ @ hange, |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |

| | | | | | - | |
|--|-----------------------------------|------------------------------------|-----------------|---------------------|-------------|-------------|
| | | | | | | |
| | <u> </u> | | | | | |
| | | | <u></u> | | | |
| | | | | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | <u> </u> |
| | | | - . | | | |
| | | | | | | |
| | | | | | 27. | |
| | | | | _ | | |
| | | | | | | PR |
| | | | - | | | <u>û</u> |
| | | | - | | <u> </u> | |
| ffective date, if other than the d an effective date is listed, the date must b fote: If the date inserted in this bloc ocument's effective date on the Dep | e specific and c k does not me | annot be prior t et the applica | | or more than 90 day | | |
| e record specifies a delayed of The 90th day after the recor | | ite, but not | an effectiv | e time, at 12 | :01 a.m. on | the earlie |
| 05/13/ ated | | 2019 | | | | |
| Ra | gnature of a me | ember or autho | rized represent | tive of a member | | |
| | | | | | | |

Page 3 of 3

Filing Fee: \$25.00