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COVER LETTER

		ation Secti i of Corpo			
end iea			ARADISE LLC		
SUBJEC	.1;		Name of Lim	ited Liability Company	
The enclo	osed Art	icles of Ar	nendment and fec(s) are sub	mitted for filing.	
Please ret	turn all c	correspond	ence concerning this matter	to the following:	
			GONZALEZ, KARINA		
				Name of Person	
				Firm/Company	
			745 NW 102 ST		
			MIAMI EL 22150	Address	
			MIAMI, FL 33150	City/State and Zip Code	
			lraeusa@gmail.com E-mail address: (to be used for future annual repor	notification)
For furth	er inforr	nation con	cerning this matter, please ca	all:	
GONZA	ALEZ, K			786 525-638 at ()	ytime Telephone Number
		Name of P	erson	Area Code Da	ytime Telephone Number
Enclosed	l is a che	ck for the	following amount:		
■ \$25.0	00 Filing	g 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)
	Registi	Address:		Street Addres Registration	Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre	Corporations : of Tallahassee : onroe Street, Suite 810 : FL 32303 : .		
					:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY PARADISE LLC			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records. y Company))
		filed on 08/20/2020	and assigned
Torida document number L20000257084	<u></u> ,		
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name o	of the limited liability c	ompany here:	
f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: Illing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: GONZALEZ, KARINA			
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:			
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
		···	
		ss on our records, <u>enter t</u> l	he name of the new regist
gent analytic me new registered white address	is iteration		
Name of New Registered Agent:	GONZALEZ, KARI	NA	
New Registered Office Address:	6465 W 12TH LN		
rogingion office framend.		Enter Florida street address	
	HIALEAH	. Flor	rida 33012 Zip Code
		ity	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

C) I

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
AP	HERNANDEZ, JOSE Y	6465 W 12TH LANE, HIALEAH, FL 33012	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			🗆 Change
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			Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the distilled. Dated OS/21/2024 Signature of a member useful privated regressentative of a member HANGE Governance of signer.			
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Filing Fee: \$25.00